

PUBLIC SAFETY & PUBLIC INFORMATION COMMITTEE
Of the
Suffolk County Legislature

Minutes

A regular meeting of the Public Safety & Public Information Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on **December 14, 2004**.

Members Present:

Legislator Angie Carpenter • Chairperson

Legislator Pete O'Leary • Vice•Chair

Legislator David Bishop

Legislator William Lindsay

Legislator Andrew Crecca

Legislator Daniel Losquadro

Legislator Lynne Nowick

Also In Attendance:

Mea Knapp • Counsel to the Legislature

Alexandra Sullivan • Chief Deputy Clerk/Suffolk County Legislature

Doug Sutherland • Aide to Legislator Carpenter

Doug Sutherland • Aide to Legislator Carpenter.

Frank Tassone • Aide to Majority Caucus

Kevin LaValle • Aide to Legislator Losquadro

Terry Pearsall • Aide to Legislator Lindsay

Glenn Pichardo • Aide to Legislator Bishop

Ed Hogan • Aide to Legislator Nowick

Eric Brown • Aide to Legislator Schneiderman

Maria Ammiratti • Aide to Legislator O'Leary

Paul Perillie • Aide to Minority Caucus

Linda Bay • Aide to Presiding Officer Caracappa

Jim Spero • Director/Budget Review Office

Ben Zwirn • Assistant County Executive/Intergovernmental Relations
Adam Santiago • County Executive Assistant
Carmine Chiusano • County Executive's Budget Office
Donald Sullivan • Undersheriff/Suffolk County Sheriff's Office
Alan Otto • Chief of Staff/Suffolk County Sheriff's Office
Aristedes Mojica • Chief of Department/Suffolk County Police Dept
Matt O'Malley • Chief of Patrol/Suffolk County Police Department
Fred Weber • Sergeant•IT Section/Suffolk County Police Department
Matt Jones • Civilian•IT Section/Suffolk County Police Department
John Blosser • Lieutenant•Special Patrol/Suffolk County Police Dept
Dennis Meehan • Deputy Inspector/Suffolk County Police Academy
Thomas Blomberg • Lieutenant•COPE, 5th Precinct/SCPD
Debbie Eppel • Director/Public Information Office
Dave Fischler • Commissioner/Fire, Rescue & Emergency Services
Joe Williams • Deputy Commissioner/Fire, Rescue & Emergency Services
Don Gackenheimer • Director/Suffolk County Fire Academy
Tom Kost • Suffolk County Fire Academy
Dr. Jeanne Alicandro • Director/SC Emergency Medical Services
Lynne Bizzarro • Chief Deputy County Attorney
David Brenner • Chair/Suffolk County REMSCO
Diana Barrett • Treasurer/Suffolk County REMSCO
Robert Franz • Huntington Community 1st Aid Squad
Mike Rubin • Suffolk County EMS Volunteer
Karen S. Todd • Suffolk County Volunteer Firemen's Association
Ed Downes • Sag Harbor Ambulance
John O'Brien • Bridgehampton Fire Department
Bonita Mulqueen • Bay Shore•Brightwaters Rescue Ambulance
Nick Panza • Bay Shore•Brightwaters Rescue Ambulance.
April Johnson • Bay Shore•Brightwaters Rescue Ambulance.
Louis Sanchez • Bay Shore•Brightwaters Rescue Ambulance.
Linda Woods • Bay Shore•Brightwaters Rescue Ambulance.
Andrea Golinsky • District 7 NYS Volunteer Ambulance & Rescue Assoc.
Frank Thornhill • EMS Commissioner/FRES
Craig Zitek • Town of Southampton Safety Officer

Pat Mansir • Councilwoman/Town of Southampton
Roger Putnam • President/Suffolk County Volunteer Fireman's Assoc.
Richard Vella • President/Town of Babylon Chiefs
Anthony LaFerrera • Vice•President/Town of Babylon Chiefs
Suzanne Dayton • East End Ambulance Coalition
Jay Egan • President/Suffolk County Fire Chiefs Association
Drew Silverman • Suffolk County Ambulance Chiefs Association
Donald Balbinder • President/Smithtown Chiefs Council
Htuan Han • Amagansett Ambulance Squad
George Rosales • American Heart Association
Vincent Puleo • Vice•President/Smithtown Fire District
Wayne Petry • Southampton Village Police
Ron Barz • Central Islip•Hauppauge Ambulance
Jessica DiMeo • Heart Association
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 12:15 P.M. *)

CHAIRPERSON CARPENTER:

Let us begin, and I apologize for the delay. I would ask Legislator Bishop to please lead us in the Pledge of Allegiance.

Salutation

Thank you. We have a number of cards that have been filled out, people wishing to address the committee. The majority of the discussion is going to be, as we had noted on our agenda, on Legislator Bishop's bill on Emergency Medical Services Coordination. However, we do have an agenda, it is brief, and there are a number of people who have come just in case we have any questions on some of the grants. So I think what I'm going to do is go to the agenda first.

TABLED RESOLUTIONS

Okay, we will skip over 1582 and go to **1985•04 • Naming the new 6th Precinct in Selden the "Daniel P. Guido Building" (County Executive)**. I had talked to the Commissioner about this, I think there may be a change in the bill so I'm going to make a motion to table.

LEG. O'LEARY:

Second.

CHAIRPERSON CARPENTER:

Second by Legislator O'Leary. All those in favor? Opposed?

The resolution is tabled (VOTE: 7•0•0•0).

2059•05 • To prevent misuse of volunteer ambulance service in Suffolk County (Bishop). I think we will pass over this until later after the discussion.

2115•04 • Amending the 2004 Capital Budget and Program to establish an Affordable County Jail Cost Containment Policy (Replacement of Jail Facility at Yaphank CP 3008). There have been some changes in this bill. I'm going to move •• pass over this and hold it for later.

-

INTRODUCTORY RESOLUTIONS

So we'll go to **2216•04 • Accepting donation of two (2) all•terrain vehicles (ATV's) from the town of Brookhaven for the Suffolk County Police Department (6th Precinct) (Losquadro)**.

LEG. LOSQUADRO:

Motion.

CHAIRPERSON CARPENTER:

Motion by Legislator Losquadro, second by Legislator Nowick.

All those in favor? Opposed? **Approved (VOTE: 7•0•0•0).**

2232•04 • Amending Resolution No. 217•2004, to create two (2) new positions in the Suffolk County Department of Fire, Rescue and Emergency Services and correct

funding period pursuant to the NYS Division of Criminal Justice Service's Grant for the "County Homeland Security exercise and Evaluation Program (HSEEP)FFY 2003" (County Executive), it's a grant for County Homeland Security.

Are there any questions on the grant? I note that Commissioner Dave Fischler is here; Dave and Deputy Commissioner Joe Williams, do you feel the need to speak? Okay, we have a motion by Legislator Lindsay, second by Legislator Kennedy. All those in favor?

Approved (VOTE: 7•0•0•0).

2233•04 • Accepting and appropriating a grant in the amount of \$186,000 from the New York State Division of Criminal Justice Services for the Suffolk County Police Department Bellport Task Force with 75% support (County Executive). Motion by Legislator O'Leary, second by Legislator Losquadro. All those in favor? Opposed? ***Motion is approved (VOTE: 7•0•0•0).***

2234•04 • Accepting and appropriating a grant in the amount of \$83,923 from the State of New York Governor's Traffic Safety Committee to enforce motor vehicle passenger restraint regulations with 83.4% support (County Executive). Motion by Legislator Nowick, second by Legislator O'Leary. All those in favor? Opposed? ***The resolution is approved (VOTE: 7•0•0•0).***

2270•04 • Approving a Memorandum of Understanding between the County of Suffolk and the Huntington Station Weed and Seed Program and accepting and appropriating \$116,210 in subgranted funds from the U.S. Department of Justice with 84.2% support (County Executive). Motion by Legislator O'Leary, second by Legislator Kennedy. All those in favor? Opposed? ***Approved (VOTE: 7•0•0•0).***

2271•04 • Appropriating funds in connection with the replacement of one Enterprise Computer Server for the Computer Operations Center•Headquarters (CP 3228)(County Executive). I'll make that motion.

LEG. LINDSAY:

Second.

CHAIRPERSON CARPENTER:

Second by Legislator Lindsay. All those in favor? Opposed?

The resolution is approved (VOTE: 7•0•0•0).

-

SENSE RESOLUTIONS

-

We have a Sense Resolution, ***Sense 084•2004 • Memorializing Resolution requesting New York State to enact legislation to curtail aggressive driving (Carpenter).*** I will make that motion, second by Legislator Bishop. All those in favor? Opposed? ***The resolution is approved (VOTE: 7•0•0•0).***

Okay, we will now go to the cards. And the speakers each have three minutes and the first speaker is Suzanne Dayton; Suzanne? You might want to just come to the table, have a seat at the table, it's easier.

MS. DAYTON:

Legislator Bishop ••

CHAIRPERSON CARPENTER:

If you would just turn on the microphone, pull it close to you.

MS. DAYTON:

Oh, thank you. Legislator Bishop and committee, good afternoon. I'm Susy Dayton, I'm from East Hampton Ambulance and I'm representing the East End Ambulance Coalition which is the ambulance companies of East Hampton Village, Springs, Montauk, Bridgehampton, Sag Harbor and Amagansett, and we just have a letter that we'd like to read to you today.

"Dear Committee members; we, the members of the East End Ambulance Coalition, write this letter for your attention and response to Legislator Bishop's data collection bill which comes before you today. The coalition members are in agreement with forwarding data as required under the bill. There are, however, a number of issues and concerns that Legislator Bishop has to•date failed to answer, address or make public. Therefore, in the spirit of Woodrow Wilson, we present these ten points for consideration and resolution."

"One, the bill does not address the specific format within which the data shall be forwarded. Our agencies receive all their data from one Public Service Answering Point in one format; will that format be acceptable? Two, if the format is unacceptable, who will find any unnecessary •• any necessary upgrades or changes to our system to provide the information in an acceptable format? Three, how will this data be assimilated? Four, we are consistently seeking ways to improve our service to the public. In fact, over the past decade each of our member agencies individually and collectively have implemented changes that improve services to the patient population we serve. How will our submission of this data make our agencies better able to serve our patients? Five, who will be responsible for analysis of the data submitted? Six, following analysis, how will the data be used to improve patient care which is the bottom line? Seven, presently agencies submit their data for review, each agency submits a copy of the PCR, the Prehospital Care Report, to Stony Brook. Data from the PCR's is supposed to be reviewed in a timely fashion; currently our member agencies are waiting in many cases six to ten months for feedback."

I brought today a box I picked up on our way for Dr. Alicandro, it's the PCR's from Southampton Hospital alone, there's probably a couple of hundred here, they have been here since July. This is the data, it hasn't even been picked up yet.

"Eight, how is the data currently sent to Stony Brook being utilized? Nine, in other areas of the County where dispatchers provided through Yaphank, will County dispatch be able to provide the data requested in a uniform manner without a large overhaul of the system? And ten, if the County dispatch requires an overhaul, how will this be funded? We trust that Legislator Bishop will be able to answer these questions and concerns. Thank you very much. East End Ambulance Coalition." Thank you.

CHAIRPERSON CARPENTER:

I take it, Suzanne, the gentlemen that are standing and lady that are standing in the back are here with you and supporting your position?

MS. DAYTON:

Yes, they are.

CHAIRPERSON CARPENTER:

So you're speaking on behalf of all of them.

MS. DAYTON:

Yes, I am.

CHAIRPERSON CARPENTER:

Thank you very much.

LEG. BISHOP:

I have a question.

CHAIRPERSON CARPENTER:

Legislator Bishop. Suzanne, have a seat.

LEG. BISHOP:

Was that letter sent to me?

MS. DAYTON:

I really don't know. I brought it ••

LEG. BISHOP:

Because I •• in my presentation I think I'm able to answer a number of the questions on there, and if it was sent to me prior to today I could have answered I believe all of those questions to your satisfaction. Thank you.

MS. DAYTON:

Food for thought.

LEG. BISHOP:

If you write a letter you should send it.

CHAIRPERSON CARPENTER:

Thank you. Next speaker, Diana Barrett.

MS. BARRETT:

Good afternoon. My name is Diana Barrett, I am the Treasurer of Suffolk County REMSCo, I am a member of the Response Time Task Force,

I work for the American Heart Association, I am a homeowner, I am a mother, I am a voting member of Suffolk County.

Let me begin by saying that the legislation before us to require consistent data collection from all ambulance squads in Suffolk County is not about those amazing people who serve at our local ambulance squads. It is not about the tireless effort that they make, often answering a call that comes during dinner or on their day off or during a holiday celebration; these folks still answer the call giving their time and energy to help a neighbor that's in need. They are truly amazing and they should be celebrated.

This bill is about consistency, it is about working together to assess our strengths and our weaknesses, it is about working together to have the best EMS system possible. Often you pass legislation such as AED Defibrillator Legislation, legislation that's intended to save lives and legislation that is intended to improve the quality of life for all Suffolk County citizens. This bill is simply about data, it is about insuring that all ambulance squads in Suffolk County are collecting the same data, collecting response times at various levels in a call. Are we going to blow up?

CHAIRPERSON CARPENTER:

No.

MS. BARRETT:

Okay. Did you know that in Suffolk County each ambulance squad has been able to dictate just how long and how many times a call for help will be sent to their department while they gather a crew together? For example, one ambulance squad may tell the dispatchers that they wish to be notified of a call four times before it's passed on to another department. Another department may decide that the call will go out once and if a crew isn't available the call should go to another department. It means that depending on where you live, your local squad has already decided how long you may have to wait for an ambulance; it can be a matter of a few minutes or a matter of an hour, there is no science in these decisions. It's common sense and it is scientific data that shows that an early response is critical to saving lives. The same

consistency is not in the patient's best interest, it is not in the best interest of Suffolk County residents.

Suffolk REMSCo has put into place a set of guidelines that requires all ambulance squads follow the same time frames, the same response procedures, yet how will this compliance be tracked? That is where the Suffolk Legislature comes in. You have the power and you have the responsibility to require all ambulance squads to track this information; it can be as simple as writing it on index cards or adding another column to the spreadsheets. This legislation will show us how well our system is working. It may show us that our EMS system needs our help; perhaps it's a traffic issue, perhaps it's equipment, perhaps it's a need for community education, we just don't know without the proof and without the data.

Being able to quantify and honestly evaluate the workings of our EMS system is paramount to the quality of life for the citizens you represent. Our EMS system is comprised primarily of volunteers and may be among the greatest systems in the world, but we need to prove it. Is it the norm that someone waits endlessly for an ambulance? I don't believe it is, but I know it happens. Ordinary citizens who have done their part by recognizing the warning signs of an emergency, then call 911 and then waited, watching in vein as a loved one lay helpless. Often our EMS providers do arrive promptly, they do their best and they do save lives, but only by tracking the information and only by working together can we provide the best EMS system for our residents and for ourselves.

It's not the goal of EMS agencies to predetermine how long someone waits for an ambulance. The goal of EMS agencies is not to follow inconsistent guidelines based on where one lives. The goal of EMS, the only true goal of our EMS system is to provide medical care that is based on urgency. The time a patient is delayed in getting treatment is as a life and death issue, however if there are gaps and if there are issues, if there are things that our volunteers need from us or if there are problems, we must work together on solutions and we must do this work based on accurate and consistent data, not on anecdotes, not on different interpretations and not on secrecy. The goal of EMS agencies, the goal of most of our EMT's, paramedics and corps of dedicated citizens and the goal of this Legislature should remain the desire to save lives and provide the best quality of care, the best medical care and the best quality of life for all citizens. By passing this bill you will show that you are committed to our volunteer EMS system, hopefully to simply praise them or perhaps to help them. We don't know without the

data, we don't know without accountability. Most importantly, you will show that you are committed to providing for the quality of life that Suffolk County residents deserve. Thank you very much.

CHAIRPERSON CARPENTER:

Thank you. Next speaker, Jay Egan.

MR. EGAN:

Okay, I would like to start by thanking Legislator Carpenter and the other members of the committee for the opportunity to speak. I'm Jay Egan, I'm the President of the Suffolk County Fire Chiefs, Chairman of the Joint Councils of Suffolk County which includes the Chiefs, the districts, the vollies, the ambulance and most recently FRES; I'm also a volunteer fireman in the Selden Fire Department for the last 33 years.

First I would like to preface by saying the volunteer services are not now or have never opposed any efforts to make what we believe to be a fairly good EMS system better. We all strive in our daily lives to make this County a safer and better place for our families and taxpayers to live and it is why we do volunteer in our individual departments and corps. While I'm not here today to throw stones at REMSCo or the EMS Division, that collective effort has not occurred for varied reasons, primarily all sides looking to make improvements without looking to what are some of the primary causes of the problem to start with.

This County answered some 110,000 ambulance calls in the year of 2003, it's been projected to greatly exceed that number in the current year which has because of •• which has become the normal trend as the County population grows. This increased call volume has also continued to tax the individuals that volunteer to answer those calls on a daily basis. Some of the reasons for the increased call volume include the lack of Medicare reimbursement which has taken the paid ambulance services and the taxicab transportation companies for the individuals who relied on those entities out of the picture and in turn placed additional responsibilities on the volunteer services; an aging population which now resides in nursing homes, adult homes, assisted living residences and senior citizen complexes; an abuse of the now overtaxed system by the general public who still believe that they can receive faster treatment when they arrive at the hospital if they are transported by a hospital •• by an ambulance. As crass as it may sound, I'm a realist, the individuals are now living longer and the increased number of injuries, accidents and sicknesses and illnesses are increasing as well. And that's just to name a few, I'm sure every

response agency in this County can give you their own list of issues, facilities and repeat frequent flyers, as we call them. There is no one generic cause or one generic solution.

The legislation presented by Mr. Bishop does not get to the core of the problem and the data collection portion which is placed in the bill. It is now and has been collected by the Suffolk County EMS Division through collections of the PCR's for some time now. In fact, any sections that are not being filled in correctly by the individual agencies are red circled and returned to the responding agency for corrections and completion at this time. In many cases, for some of the agencies the burden •• to burden them as volunteer organizations with putting in systems to collect the information in report format is both unfair due to the call volume and fiscally impossible.

Legislative bills to assist the volunteer agencies and address some of these issues listed above to reduce the call volume may be better suited. Grant monies or incentives across the board to improve data collection and responses may also be an answer, but not protocols and mandates, especially for individuals that volunteer their free time in addition to working one or two or more jobs to assist the families that are provided and can continue to live here in this County of Suffolk.

There are many agencies that made improvements to their own operations and response efforts over the past few years. We all know what districts need some additional assistance because we are helping them through mutual aid response while they make their adjustments to improve.

In closing, if volunteers do not work together to improve the system, that ultimate goal of reducing the four •• let me start over, sorry. It's been stated in past meetings with Dr. Alicandro, 96% of the time the volunteers are doing a real good job which leaves a 4% gap to excellence. I myself have been an accident victim who, against all odds, are in the 96% group and survived due to the terrific efforts of our volunteer system. In closing, if volunteers and government do not work together to improve the system, the ultimate goal of reducing the 4% gap to excellence will never be achieved. Thank you again for your time.

CHAIRPERSON CARPENTER:

Thank you, Jay. Legislator Bishop has a question.

MR. EGAN:

Yes, sir.

LEG. BISHOP:

Hi, Chief. Thank you for coming down. One of the sentences in your presentation highlights I think a major disagreement or different perspective that we have. You say that we all know which departments are mutually aided; who is tracking that and how is it tracked currently?

MR. EGAN:

The statement was made because the people who answer the calls and respond to them, that's why I said it. If my neighboring departments are failing or lacking because of manpower or whatever it is, we know because, A, we're answering the calls for them; vice versa, if my department is failing, other departments are answering to me.

LEG. BISHOP:

So that ••

MR. EGAN:

But adjustment have been made and that's what I'm trying to get the point of.

LEG. BISHOP:

Yeah, the •• okay. So the County, there's no tracking mechanism that's overall on that issue in the County and in the State.

MR. EGAN:

Yes, through the PCR's, yes there is. Because we'll know that if someone per se in my district is answering neighboring districts ••

LEG. BISHOP:

Do PCR's reflect Code 24's?

MR. EGAN:

Yes.

LEG. BISHOP:

We have a disagreement, we have half the audience saying no and half says yes, so it's interesting. Thank you.

LEG. O'LEARY:

Sir?

CHAIRPERSON CARPENTER:

Legislator O'Leary has a question for you, too.

MR. EGAN:

Yes.

CHAIRPERSON CARPENTER:

Thank you.

LEG. O'LEARY:

Yeah, my question has to do with PCR's. I just would like a little clarification as to, A, what are PCR's? I know we have something in front of us, but what's the purpose of the PCR's, what data is collected on it that's pertinent to this particular issue, who's responsible for the collection of PCR's and who's responsible for the analysis of same?

MR. EGAN:

I'm sure the EMS Division could better answer that question. However, each individual department response agency will fill a PCR out on every patient that is transported, that PCR is left at the delivering facility, whatever the hospital may be. At that point they are forwarded, I'm under the assumption or do believe they go to the EMS Division for review because if there is something missing on that PCR, the responding agency gets that PCR back with a big red circle around it saying, "You're missing some information," and then it's either completed, filled in and sent back to the EMS Division.

LEG. O'LEARY:

Well, my question, sir, is who's responsible for collecting, at the hospital I guess it is, the reports; what agency is responsible for the collection of that data?

MR. EGAN:

The hospital in ••

LEG. BISHOP:

No, the State.

MR. EGAN:

The State, the State themselves; the State of New York.

LEG. O'LEARY:

Is that REMSCO?

LEG. BISHOP:

No.

MR. EGAN:

No.

LEG. O'LEARY:

Because, I mean, the first speaker came up with a box full of PCR's that had not yet to date been picked up by the responsible authority. I was just curious as to the data that's on these reports and who's responsible for collecting them and who's responsible for analyzing the data; it's the State, is that the answer?

LEG. BISHOP:

The State doesn't ••

CHAIRPERSON CARPENTER:

Legislator Bishop.

LEG. BISHOP:

I'm sorry. And I think some of the experts who are in the audience can probably speak to it

better than I can, but it's my understanding that they go from the hospital to the State and they come back to the County EMS agency three years later, so three years. That's one of the things that we're seeking to remedy is to get a quicker assessment of how the system is operating and a more comprehensive assessment as well.

(*Legislator Fisher entered the meeting at 12:36 P.M. *)

CHAIRPERSON CARPENTER:

Does that answer your question? No.

LEG. O'LEARY:

No.

LEG. BISHOP:

Chief, I just want to get •• oh, okay.

MR. EGAN:

There's higher authorities than me to answer those.

CHAIRPERSON CARPENTER:

No, he ••

LEG. O'LEARY:

I mean, the information that's on the PCR, is it information that is comparable to what you're attempting to do by collecting the data?

LEG. BISHOP:

If I may, if I can do something here I can show him.

LEG. O'LEARY:

Through this resolution; excuse me?

LEG. BISHOP:

I can show you.

LEG. LINDSAY:

Let him show you, don't take away his dance card.

CHAIRPERSON CARPENTER:

You might want to take the microphone, Legislator Bishop.

LEG. O'LEARY:

And you may want to give us magnifying glasses.

LEG. BISHOP:

Well, you have it, you have it in front of you in your packet.

LEG. O'LEARY:

Oh, we do?

LEG. BISHOP:

Yeah, just check your sheet.

LEG. O'LEARY:

All right, thank you.

LEG. BISHOP:

What's currently collected is on the left side, it's on the second page of your handout, the PCR form, and this shows what's currently collected on the PCR form. This list to the right that you'll see which includes call receive time, EMD determinant codes which they'll take in plain language, dispatch time, signal 3, signal 24, signal 2, signal 21, signal 24; all of that is not on the PCR form. And the reason that ••

UNKNOWN AUDIENCE MEMBER:

Yes, it is.

LEG. BISHOP:

•• the PCR form is not in itself comprehensive, in addition to the problem with getting them

back three years later, is that they •• is that the information on the PCR's is often not filled out correctly, which some of the speakers will also point out, and the call received as recorded is not the time for the time the specific agency received the call, not the time for when the patient called. So it's looking at the specific agency action, not the comprehensive picture from the patient's perspective. So the PCR in and of itself is not a full picture and what we're trying to do with this bill is for each call in Suffolk County to get a full picture from the time that the patient called from the time that the call ended.

LEG. O'LEARY:

Well, my question to you then, Legislator Bishop, is wouldn't your concerns be addressed by putting the full picture on this PCR?

LEG. BISHOP:

It would still take three years to get it back from the State and ••

UNKNOWN AUDIENCE MEMBER:

No.

LEG. O'LEARY:

Well, that's ••

LEG. BISHOP:

We are responsible in the County for the overall system, so it would •• most of this, which I will later show, it's very simple, there is no great mandate on anybody except to turn the information over to the EMS service.

CHAIRPERSON CARPENTER:

Okay, we're not going to debate this now because I have some questions, too.

LEG. O'LEARY:

Sorry.

CHAIRPERSON CARPENTER:

So let's •• are we finished with the speaker that's here?

LEG. KENNEDY:

I just have one ••

LEG. O'LEARY:

Yes.

CHAIRPERSON CARPENTER:

Does anyone have any questions?

LEG. KENNEDY:

•• quick question for the Chief. Chief, in your department with the PCR's, when there's a contact to the department for an emergency response to your dispatcher, is there anything that you have in the department that kind of commences the life of that call from that original connection point; do you have any kind of ••

MR. EGAN:

No.

LEG. KENNEDY:

How do you track it?

MR. EGAN:

We receive the call from County, it then goes to our dispatchers, our dispatchers transmit it to our members, at which point there is a sheet of what time we received it, not what time ••

LEG. KENNEDY:

So it's not coming from the individual who's got a crisis ••

MR. EGAN:

Correct.

LEG. KENNEDY:

•• it's coming from an agency to you then for you subsequently to dispatch.

MR. EGAN:

Correct; another issue.

LEG. KENNEDY:

All right. And you're here on behalf of the Suffolk County Chief's Council.

MR. EGAN:

Correct.

LEG. KENNEDY:

Is that •• that's the way that this situation occurs I guess in your geographical area; how about in other geographical areas, is it direct contact to the department or does it all come through the County?

MR. EGAN:

Commissioner Fischler could probably answer that question better, but primarily I believe the majority of the departments that are not dispatched by County FRES.

LEG. KENNEDY:

Okay.

LEG. BISHOP:

PSAPs.

MR. EGAN:

Or PSAP's, right.

LEG. KENNEDY:

Okay. One other question with the PSAP itself, and I'm sure this must be done. When you get new personnel that come in, obviously involved with all the other training they're given some kind of training as far as how to go ahead and complete this, what the protocol and format is with the PCR?

MR. EGAN:

On the formats, yes, yes.

LEG. KENNEDY:

Okay. All right, thank you.

CHAIRPERSON CARPENTER:

Any other questions? Thank you very much.

MR. EGAN:

Thank you for your time.

CHAIRPERSON CARPENTER:

Next speaker is from the American Heart Association, George _Rosafis_? I'm sorry, the handwriting is a little bit ••

MR. ROSALES:

Rosales.

CHAIRPERSON CARPENTER:

Rosales.

MR. ROSALES:

Thank you. Good afternoon, Chairwoman Carpenter, Members of the Legislature and other distinguished guests. My name is George Rosales, Director of Advocacy for the American Heart Association. I'm here today to outline the association's support for IR 1582, a bill designed to streamline current data collection methods within Suffolk's Emergency Medical Service Division.

I must start by recognizing the hundreds of volunteers within Suffolk's EMS system; without their selfless contributions, the County would not be able to respond to any type of medical related emergency. Suffolk County has the largest volunteer system in the State, if not the country, and as the American Heart Association representative, I would like to thank them personally for the thousands of hours that they have volunteered to help someone in need. The emergency medical services they provide to the citizens of this County are vital and, without a doubt, their efforts can mean the difference between life and death.

The American Heart Association supports efforts to improve response times to cardiovascular and stroke•related emergencies. We believe that the adoption of IR 1582 will help identify

problem areas within Suffolk's current EMS system. The American Heart Association also believes that IR 1582 will help establish, and I quote, "a uniform, comprehensive data system so that volunteer institutions and County policy makers can make informed decisions and reforms where necessary." The last quote was taken directly from the text of the bill and is the primary reason why we support IR 1582.

Historically, this Legislature as a whole has been a great champion of the American Heart Association and our issues. Just this year this Legislature has adopted two bills designed to improve response times to cardiac emergencies, IR 1693 and IR 1440 both received unanimous support from this Legislature. Based on your past support, it is obvious to the American Heart Association that this Legislature understands the importance of prompt medical attention during a medical emergency. The intent of IR 1582 is to establish a reporting standard so that this Legislature can effectively oversee and ultimately make Suffolk's EMS response times the fastest it can be. Why wouldn't this Legislature be in support of a proposal to streamline data collection to an emergency medical situation across Suffolk? The American Heart Association is confident that this Legislature will be consistent and pass IR 1582 unanimously.

As you already know, sudden cardiac arrest is a major cause of death in the United States; more than 220,000 lives are claimed each year. Sudden cardiac arrest occurs when the heart stops pumping blood; this can happen suddenly and without warning. Right now only 5% of sudden cardiac arrest victims survive. A strong chain of survival can increase survival rates immensely. The chain of survival is a four step process developed by the American Heart Association to help save lives during cardiovascular emergencies; its goal is to minimize the time from the onset of symptoms to treatment. The four links to the chain of survival are early access, early CPR, early defibrillation and early advanced care.

The American Heart Association is involved on many levels in strengthening the chain of survival. We aim to increase public awareness and support for emergency care.

CHAIRPERSON CARPENTER:

George, if you could please sum up.

MR. ROSALES:

Sure.

CHAIRPERSON CARPENTER:

I know that you've provided a copy of your comments so everyone can pick up with the rest of the details on the four points and everything, so if you want to just sum up.

MR. ROSALES:

Good, I'll sum up.

CHAIRPERSON CARPENTER:

Thank you.

MR. ROSALES:

In closing, I would like to add that the ability to collect and review and scrutinize data is critical to the evaluation of any program, not just an emergency response program. Through careful analysis, we in the public health community and you as Legislators will be able to recognize successes and also scrutinize and, more importantly, try to fix problems. Without a standardized protocol for collecting data, how can this body effectively scrutinize and improve the system? The American Heart Association is in full support of IR 1582 and we welcome an opportunity to assist the Legislature in improving response times of cardiac emergencies. Thank you.

CHAIRPERSON CARPENTER:

Thank you very much, George. Next speaker, Drew Silverman.

MR. SILVERMAN:

Hello, again, everybody. My name is Drew Silverman, I'm the President of the Suffolk County Ambulance Chiefs' Association. My association represents the 28 volunteer ambulance squads in Suffolk County and over 5,000 volunteer ambulance workers. I am also the Chairman of the Suffolk County Fire, Rescue and Emergency Services Commission.

Again I'm addressing the Legislature on the issue of Resolution 1582, streamline emergency medical response coordination and improve response times. Suffolk County Ambulance Chiefs Association strongly opposes this resolution, we feel that this is flawed legislation that will place an unfunded mandate of data collection directly upon the heads of the volunteer EMS provider agencies.

As I previously stated and we've heard earlier, data collection has been and continues to be done by New York State Department of Health Emergency Medical Services Bureau through the existing Prehospital Care Reporting System. The data is available by the request of the Suffolk County EMS Medical Director at any time. Further, we've heard that response data collected by Suffolk County Fire, Rescue and Emergency Services apparently shows that our EMS response is 96% effective; I believe that this is exceptional for a volunteer-based ambulance system. The burden of data collection should not be in any way, shape or form the responsibility of any individual EMS provider agency, nor should they be penalized if they do not comply. The State and the County are not funding the agencies for this mandate, plus the EMS volunteer provider agencies are already overworked and sometimes under staffed in answering the 110,000 emergency calls which we are at pace of doing as we conclude this calendar year.

Volunteer EMS providers would rather see the County Legislature continue the funding of the existing Volunteer Firefighter and Ambulance Worker Membership Recruitment and Retention Program, further create legislative incentives for the volunteers on issues such as tax reduction incentives, free college tuitions and affordable housing.

In closing, again, we feel that this is a needless resolution that will have a negative impact on the volunteer fire and ambulance services which continue to serve and provide free 24-hour a day, seven day a week emergency medical service response. Thank you very much.

CHAIRPERSON CARPENTER:

Thank you. Question, Legislator O'Leary then Legislator Lindsay.

LEG. O'LEARY:

Yes, Mr. Silverman, or is it Chief Silverman?

MR. SILVERMAN:

You can call me Chief, you can call me President, you can call me Drew.

LEG. O'LEARY:

Okay, Chief. The association that you represent, you said there are 28 units in that association?

MR. SILVERMAN:

Yeah, there's 28 volunteer ambulance companies in Suffolk County. I also chair the Suffolk County FRES Commission which is representative of all the associations, the ten Town Chiefs Councils and the five major volunteer County•wide associations.

LEG. O'LEARY:

But my question to you is there's unanimity with respect to the decision of the association to be against ••

MR. SILVERMAN:

At Suffolk County Ambulance Chiefs, yes. When we've taken votes two consecutive times, yes, there was an aminity (sic) of those present at the meeting that we were against this. We feel that there's no money behind it. If you're going to mandate data collection, then there should be some money behind it. We're volunteer•based, the volunteer ambulance services are a little different than fire districts, we're not municipalities and, therefore, we don't have the power to levy the taxes. We have to submit annual budgets to our townships and they approve those budgets, and I don't have to tell you, a lot of town boards want to hold budgets or even reduce budgets.

My own squad in Huntington is 100% volunteer, we have no paid personnel. We're the third busiest squad in the County, we run over 4,600 calls last year. Who's going to do that data collection, who's going to do that tabulation into computer software to provide I guess the additional data that the Medical Director is requiring? Personally, I feel if the State is not effectively doing their job, then the Medical Director should be putting some pressure on the State Department of Health to expedite the PCR program and process up State rather than turning to the volunteers and saying, "Well, we don't find the data sufficient," or, "I don't find the data sufficient so we're asking for more of you." We're doing so much as far as extra training, call volume continues to go up, there's issues that need to be addressed here locally including system abuse. There are calls that the volunteer providers are responding to that really are not medical emergencies, that are routine transports to medical facilities and nursing homes where we're just being over burdened and I feel that the Medical Director should be putting pressure on those institutions and directing their administrators not to call the volunteers but to rather hire proprietary ambulance squads. You know, there are other

important issues down here, what I'm trying to say, that really need to be addressed because the volunteer-based EMS system is very over burdened.

LEG. O'LEARY:

I don't wish to interrupt you, but the answer to my short question was that long answer, yes, there was no unanimity or no there was not unanimity?

MR. SILVERMAN:

There was unanimity.

LEG. O'LEARY:

Unanimity.

MR. SILVERMAN:

Yes.

LEG. O'LEARY:

Meaning all 28 units oppose this resolution.

MR. SILVERMAN:

I can say at the meetings that we've held to discuss this that ••

LEG. O'LEARY:

Well, that's misleading.

MR. SILVERMAN:

I'm sorry?

LEG. O'LEARY:

Not out of the units present at a meeting; have you polled all 28 units and representatives of same?

MR. SILVERMAN:

I have spoken to squads on the east end, on the west end and the feedback that I've gotten from their leaderships is they're against this in this form.

LEG. O'LEARY:

All right. Would it be safe to say then that the vast majority rather than unanimity?

MR. SILVERMAN:

Absolutely.

LEG. O'LEARY:

All right. Well ••

MR. SILVERMAN:

That's safe to say.

LEG. O'LEARY:

Safe to say that the vast majority of the units are opposed to this.

MR. SILVERMAN:

Yes.

LEG. O'LEARY:

But not unanimity which is a difference.

MR. SILVERMAN:

From the ones polled, yes, they were all unanimous.

LEG. O'LEARY:

Okay, thank you.

CHAIRPERSON CARPENTER:

Thank you. Legislator Lindsay followed by Legislator Kennedy.

LEG. LINDSAY:

Chief Silverman ••

MR. SILVERMAN:

Yes.

LEG. LINDSAY:

•• from my understanding, what this bill is all about is collecting data so we know what our response times are in the County.

MR. SILVERMAN:

Correct.

LEG. LINDSAY:

You quoted a number, 96% effective now, where are we getting that number from if we don't have the data?

MR. SILVERMAN:

I believe that data is available through I guess one of the main PSAPs which is Suffolk County Fire, Rescue and Emergency Services in Yaphank.

LEG. LINDSAY:

Okay, but that PSAP doesn't cover the whole County.

MR. SILVERMAN:

They don't but they do the majority, I think it's got to be probably around 70%, maybe a little less, maybe a little more.

LEG. LINDSAY:

Yeah, but what is it, is it 96% or is it 70%? We don't know.

MR. SILVERMAN:

It's 96% effective of their data of I guess ••

LEG. BISHOP:

What's effective?

MR. SILVERMAN:

•• of approximately 70% of the data being collected of the •• I believe, what is there, 98 EMS provider agencies in the County.

I guess the point I was trying to make, if we're hearing as the volunteer leadership that the system is approximately 96% effective and this is a volunteer-based system, I think that's very, very good on a volunteer-based system. I think there are paid systems nationally where their statistics are less than 96% effective.

LEG. LINDSAY:

You know, I'm going to make a statement that I was going to make later on but I want to make it now. I think by your own testimony we don't know what the response time is across the County and I think that's the problem. And this is not, this is absolutely not an attack on the volunteer system. We know that there is a whole bunch of problems that are not based with the volunteer system that need improvement. We know that you know, the signal systems that change the light as you approach the light differ from town to town. We know that some of our roads certainly need improvement. We know that hospitals certainly could act more expeditiously to release the ambulance so that they can get back to respond to another call. We know that our police who are usually the first responders on the scene, you know, that they were ••

MR. SILVERMAN:

Well, it's funny there you mention the Police Department because one of ••

LEG. LINDSAY:

Well, let me finish.

MR. SILVERMAN:

Okay.

LEG. LINDSAY:

Let me just finish. You know, a few years ago we just had an earlier resolution about

Commissioner Guido in naming a precinct after him; if I'm not mistaken, and maybe Legislator O'Leary can correct me, I think he was the man that instituted that all police have EMT training so that they could help with the response times. Unfortunately what happened is a lot of the police officers let their EMT certification lapse, now we have a new Police Commissioner who is making them go back and get that recertification.

LEG. BISHOP:

Right.

MR. SILVERMAN:

Excellent.

LEG. LINDSAY:

So we know that there's a lot of problems connected with the system and the burden isn't all on the volunteer system. We're trying everything we can to help improve it, but whether it's 96% or 70% of the time, whether it's 4% or 30% where the system doesn't respond in a timely manner, somebody's dying.

Three years ago my brother•in•law was 54 years old, he died of heart failure, he waited 22 minutes for an ambulance; that's a personal thing with me now, it was my family. I'm not saying if you were there in nine minutes he would have survived, I don't know that, and I'm not knocking the volunteer system that responded to him, thank God they're there to respond to that emergency.

MR. SILVERMAN:

Well, unfortunately there may be cases ••

LEG. LINDSAY:

But my point is we just want to know what is the response time; is it 96%, is it 70%, we don't know. That's all. And once we know what the extent of the problem is, then we've got to all dig in together and collectively work together to solve the problem. And if it's more resources that are needed from this body, by God, I'll pledge to do everything I can to get you those resources.

MR. SILVERMAN:

Well, I could appreciate that but I did want to just address you on a couple of things. You know, I'm saddened that you had a friend that may have had to wait 22 minutes for an ambulance; I know somebody personally that was involved in an accident and the ambulance got there in five minutes. Unfortunately, because of the volume of the system, there's going to be cases where, you know, there may be a slight delay, but that's the nature of the business when you have the call volume and there could be a paid system, too.

You know, you mentioned the Police Department EMT Program; I think that's great that the Police Commissioner, the current Commissioner is looking to recertify the police officers. One of our arguments from the very beginning on this whole data collection issue is the volunteer service felt that in the EMS Division and REMSCo's original study on data collection that the police on time, the police unit, the sector car on time was never tabulated into the equation of response. Because in this system in the County, the police normally are getting dispatched either concurrently or sometimes ahead of the volunteer ambulance provider, they're getting on scene to stabilize the patient, but that data is not reflected and we feel that that's wrong. They're part of the system, the County Legislature approved and they fund their EMT training and everything else, it should be part of the data collection, it should be there. And it should •• you know, the data should not be used against the system. You know, unfortunately there are going to be problems in any system, paid or volunteer.

LEG. LINDSAY:

I'm not accusing the volunteer system or any part of our whole emergency response system, that isn't what this is about. We're just ••

MR. SILVERMAN:

I know that, I'm not taking it as a criticism.

CHAIRPERSON CARPENTER:

Excuse me, gentlemen. We're really not debating here or back and forth, so the speaker is here, the public portion ••

LEG. LINDSAY:

I asked my question, I wanted to respond to his response.

CHAIRPERSON CARPENTER:

Right. Okay, great.

LEG. LINDSAY:

And I'm done.

CHAIRPERSON CARPENTER:

Are there any other questions for the speaker?

LEG. KENNEDY:

Just one.

CHAIRPERSON CARPENTER:

Legislator Kennedy, I'm sorry, yes.

LEG. KENNEDY:

I'll make it real quick; mine is just a nuts and bolts question that goes to part of your statement. You talk about •• and this is in your role I guess as the Commissioner of FRES. What data do you get that talks about the overall response, is that captured differently from the PCR form or is that derived from the PCR form?

MR. SILVERMAN:

I believe the data FRES receives is through their dispatching system, it has nothing to do with the PCR form.

LEG. BISHOP:

That's right.

MR. SILVERMAN:

The PCR form is a State run system. As explained earlier, the form gets left at the hospital, it eventually goes up state, if it's an ALS intervention call then Suffolk County Medical Control gets a copy of that PCR and then they review it.

LEG. KENNEDY:

Okay. I ••

MR. SILVERMAN:

But as far as the data, the dispatching data that comes into the various PSAPs, I believe that they're •• you know, each PSAP is doing I guess some form of data collection, FRES is keeping track of the majority of the fire and ambulance response in the County. And concurrently they're going to be upgrading their Computer Aided Dispatch System through grant monies that they just received, so that system is even going to be better, I guess, in the next 12 to 18 months down the road, so it will defendantly streamline data collection and response in that area.

LEG. KENNEDY:

Okay, thank you. And I think your comments about interaction with the State are very cogent and pertinent. Thank you.

CHAIRPERSON CARPENTER:

Thank you. Next speaker, David Brenner.

MR. BRENNER:

Good afternoon, Legislators, and thank you for the opportunity to talk to you. My name is Dave Brenner, I am the Chair •• a volunteer and unpaid position •• of Suffolk REMSCO, an agency established by New York State Law to help coordinate EMS services in this County. More importantly, I am a very active volunteer paramedic in the Suffolk County system. I have been in the volunteer trenches for 27 years, I have responded to over 375 ambulance requests this year alone.

The Bishop legislation is not aimed at the volunteers, its purpose is to gather data to determine how well our EMS system is working. From that data, adjustments and corrections can be made to improve this vital system. It will not require the care providers to spend more time to gather this information. This information should be available and expected from our services our tax dollars already support. What are the PSAPs and the dispatch agencies doing with the information they have been charged to do manage if they cannot provide this data to us?

I've heard people come before this body and say that we mustn't support this bill because it will hurt the volunteers. Those arguing against the support of this legislation need to stop hiding behind the good name of the volunteers. My discussions with my volunteer colleagues consistently shows that they do not oppose this legislation; in fact, they support it. The volunteers have always wanted what is best for the patient. Shame on anyone who tries to blame the volunteers, and there are thousands of us, not just a handful with special interests that lobby with you claiming to represent all of us. Shame on anyone who tries to blame the volunteers for trying to prevent this legislation from going through. As Legislators, you must stop trying to "protect the volunteers" who really do not need or request your protection and instead protect the public. And don't forget that there were over 100,000 of them last year alone who request our ambulances and do need your protection and who put you in our office to do just that, protect them.

Data is essential. How can we say we are doing a good job if we don't have the data? Perhaps the only thing we can definitely say about this system right now, since we don't have accurate and complete data, is that we don't do a good job getting the data. We need good data to move ahead. Legislators, you are either part of the solution or you are part of the problem; your vote on this issue will decide which. Thank you.

CHAIRPERSON CARPENTER:

Thank you, Mr. Brenner. Next speaker, Donald Boldbinder, Balbinder?

MR. BALBINDER:

Balbinder. Good afternoon, Ladies and Gentlemen. I'm president of Smithtown Chiefs Council and I'd like to read sections of a letter that was sent to Legislator Dave Bishop on the 26th of May this year. I do agree with everyone, I agree with Jay and George, they're all volunteers and we're here to help everyone and you need the right information and right solutions that we all work together.

It says, "Dear Legislator Bishop; I read with keen interest your proposed legislation regarding ambulance response. To quote you, "I don't care who they send as long as they get there, as long as they get answered;" I can't agree with you more. I do not believe there is any agency in Suffolk County that responds to an EMS call that does not put patient care as its top priority. After careful review of your proposed legislation, it appears to duplicate the protocols recently

passed by the REMSCo committee," and I'll continue further on. "There have been many innovative programs implemented across Suffolk County to address prompt and appropriate patient care issues such as the North Shore Hospital Paramedics First Responders utilized in Islip and in districts such as mine. Advanced Life Support First Responders is available for up to 16 hours daily and in many cases beyond. The REMSCo protocol does not recognize the on-scene times of these units, even though they have begun life support interventions."

To continue further on, "The proposal from Governor Pataki addressing issues regarding assisted living facilities. Although it is a step in the right direction, it falls short in addressing concerns with these and health care facilities in general. These facilities have created challenges for our agency as well as other agencies providing emergency medical services. The facilities have arguments with contracted ambulances" •• sorry, "agreements with contracted ambulances for transport purposes and unfortunately these transports have spilled in to and created a burden for the agency providing emergency ambulance responses. For example, a facility does not provide medical care to any of the residents from hours 11 PM to 6 AM. In the event of an incident, the caretaker on staff at the facility will be notified of a potential emergency; mind you, this emergency may have occurred sometime before it is found. The caretaker calls the nurse at home and request for an emergency ambulance is received. Not every received •• not every call received from the agency facility has been a true emergency and in cases of simultaneous calls create a burden on EMS response system. In many instances the ambulance is considered a taxi and the ER is the doctor. It is my hope that you petition Governor Pataki to include a level of on-site medical care around the clock for these facilities.

CHAIRPERSON CARPENTER:

Please sum up.

MR. BALBINDER:

"I will be" •• this is from John Harvick, the 1st Assistant of Smithtown Chiefs. "I would be posing an amendment to the Smithtown Fire Department's Response Plan, this is to include the confirmation of a Suffolk County PD officer at the scene who is a certified New York EMT•B or higher that will allow us to respond with an ambulance, a driver only, in the event the condition warrants. My proposal for improved enhanced response will include the Suffolk County PD officer when and if all assistance and treatment and/or transport of the patient to the hospital. We also enjoy a very good relationship with the Suffolk County PD officers; in fact, the pilot program for police vehicles carrying oxygen and AED began in Smithtown with the 410 and 412

vehicles; this was so successful, it has been implemented County•wide."

CHAIRPERSON CARPENTER:

Excuse me, George. If you could please sum up, each speaker has three minutes and you've kind of gone beyond it.

MR. BALBINDER:

Okay. So we're saying ••

CHAIRPERSON CARPENTER:

If you could just give the Clerk a copy we'll distribute it to everybody so we can catch it.

MR. BALBINDER:

Okay, no problem.

LEG. BISHOP:

May I?

CHAIRPERSON CARPENTER:

Sure, Legislator ••

MR. BALBINDER:

And we're saying that we should utilize our PD. In Nissequoque we have a volunteer fire department and we have a paid PD force who are EMT•B's. It's important to get there and save the patient and we have first responders and paramedics on the scene and they're not being counted. Now, another point is I'm a scientist and I agree what I've heard, you need accurate information. The only way you can make a real decision is having the right facts.

CHAIRPERSON CARPENTER:

Thank you. I think ••

MR. BALBINDER:

And I think you should do it by paying for it.

CHAIRPERSON CARPENTER:

Don't go because I think there are some speakers ••

LEG. BISHOP:

Hold on, Chief.

CHAIRPERSON CARPENTER:

•• some questions for you.

LEG. BISHOP:

First of all, the ••

CHAIRPERSON CARPENTER:

Legislator Bishop and then Legislator Nowick.

LEG. BISHOP:

Unlike the other letter that was referred to earlier, this one was received and addressed. In fact, your •• this letter doesn't address the current legislation at all, this addresses the REMSCo protocols ••

MR. BALBINDER:

Right.

LEG. BISHOP:

•• which are not included in any way in the current legislation that's before us. Let's skip to the very end where you said, yeah, you're a scientist and you need data and data is essential; as a scientist, as a Chief, as a citizen, we all agree data is essential.

MR. BALBINDER:

Right.

LEG. BISHOP:

And then you end with, "But I think you ought to pay for it." Now, I want to show you something.

MR. BALBINDER:

Go ahead.

LEG. BISHOP:

Smithtown has it's own PSAP and I remember when ••

MR. BALBINDER:

Correct.

LEG. BISHOP:

•• we were creating the PSAP, Smithtown and Babylon came down and I was very proud to sponsor the legislation that did that. Your PSAP currently collects 100% of the data that's required in this legislation. Do you know what the burden would be on an individual department in Smithtown under this legislation? It would be the following; PSAP, send the data to the County, that's the end. Now, if that requires money from the County to make that sentence let me know, but I don't think it does.

MR. BALBINDER:

Okay. What's missing when we send all that information to •• on the PCR to the County then to the State Public Health? In other words, Nissequoque •• I'm the Chief of Nissequoque also, we're dispatched by ••

CHAIRPERSON CARPENTER:

George, please speak into the microphone.

MR. BALBINDER:

We're dispatched by 420, the County, so we're the only one in the fourth division that doesn't use 420, that would be a burden to our little fire department. And we only do 200 calls, about 60% of those are EMS.

LEG. BISHOP:

I have to admit, I don't follow what you're saying. I know that the PSAP in Smithtown, if you're dispatched by the PSAP, are you ••

MR. BALBINDER:

No, we're not, we're the only one in the fourth division that's not.

LEG. BISHOP:

Okay. So then you have a volunteer in your department at all times who dispatches.

MR. BALBINDER:

No, we use County dispatch.

LEG. BISHOP:

So the County FRES has your data.

MR. BALBINDER:

Correct. And what's interesting ••

LEG. BISHOP:

Okay, that's a different chart.

MR. BALBINDER:

•• you said it takes three years?

LEG. BISHOP:

Hold on.

MR. BALBINDER:

I finally get an answer with an error within three weeks back from the County.

LEG. BISHOP:

You do a lot better than the EMS, that's the problem; you're getting the information and the people who are charged with understanding the information are not getting the information.

If a department is dispatched by MedCom, which is what you're saying you are.

MR. BALBINDER:

Correct.

LEG. BISHOP:

Then the additional requirements are when was ALS dispatched, if it's an ALS case. First responder, which is exactly what you wanted, in route time, you know, signal 2, and first responder signal 21 which is exactly what you're advocating should be collected.

MR. BALBINDER:

Right. But you're not counting ••

LEG. BISHOP:

That's the only additional information that we would be requiring.

MR. BALBINDER:

Okay. You're not counting the three Chiefs at Nissequoque are EMT•B's, as required, and so are all our police, we're on the scene and our time is not listed on the form.

LEG. BISHOP:

I think you're missing my point entirely. FRES has your information except for these three little questions, that's the burden, and two of them you asked for in your testimony.

MR. BALBINDER:

Right.

LEG. BISHOP:

So the data is what we're after and it's what you say is necessary and it's not a large mandate upon you to get it, all you have to do is answer two questions on your 200 calls.

MR. BALBINDER:

Right.

LEG. BISHOP:

Chief, I know there's a lot of misinformation regarding this bill and it's difficult to sort through. And I think a lot of the opposition is based on a feeling more than an understanding of what it does and the feeling is that it's an attack on the volunteers, it's not.

MR. BALBINDER:

Eighty•five percent of the death of a firefighter or an EMS person is going to •• is on the way to a call. So we if we're asking people to respond faster, I'm saying you already have the first responder there, we have the Suffolk County PD in Nissequoque, we have our own PD and we have the Chiefs as first responders, but nowhere in Dr. Alicandro's protocol is this allowed to be listed as first on the scene.

LEG. BISHOP:

But you're speaking again to the protocol, it's not a protocol bill, that's a different fight, a different day, a different place, a different ••

MR. BALBINDER:

Okay.

LEG. BISHOP:

There's no bill on that, that's REMSCO. This is about the County understanding on every call in the County the full picture of what happens, including if a Chief gets there before the ambulance, exactly what you want to be understood. I agree, we should have the full picture.

MR. BALBINDER:

Right.

CHAIRPERSON CARPENTER:

Thank you. Legislator Nowick.

LEG. NOWICK:

Hello, Chief. I just wanted to make it clear because I'm a little confused. Legislator Bishop shows two questions there that are not currently being answered and data not being recorded. You represent the Smithtown Fire Chiefs Council.

MR. BALBINDER:

Correct.

LEG. NOWICK:

Do you all •• the majority, if you will •• all feel that these two questions would be a burden; is it answering these questions or is it compiling the additional data?

LEG. BISHOP:

They don't compile.

MR. BALBINDER:

It's not a burden, it's just not counted as our response time which is another issue, as Mr. Bishop said. But it's an important issue to the volunteer fire department so we know we could roll with a driver only, the ambulance could be there instead of us doing all this calling, all this other stuff. We already have the responders on the scene, we could be saving someone's life today if we collect the right proper data. Like I say, you need to collect the right, proper data.

LEG. NOWICK:

But I just didn't understand ••

MR. BALBINDER:

No, those questions would not ••

LEG. NOWICK:

Answering these additional questions, did you feel that that would back you up?

MR. BALBINDER,

No, if that's on a new form that would be okay. And it's part of our protocol, it's saying that's counted, but it's under REMSCO protocol that it's not counted.

LEG. BISHOP:

And if I may just say ••

MR. BALBINDER:

And you're killing people by not letting the ambulance roll with a driver, you have people on scene.

LEG. BISHOP:

The additional questions are only for Nissequoque because they're dispatched by FRES, but for the rest of Smithtown, every other department, it's all in the PSAP.

MR. BALBINDER:

Correct.

LEG. BISHOP:

There's no question they have to answer that is not already asked and answered in Smithtown.

LEG. NOWICK:

So then just quickly ••

LEG. BISHOP:

They just have to send it over.

LEG. NOWICK:

If there isn't anything additional, and I'm just asking, what part of this then does the Fire Chiefs Council object to?

MR. BALBINDER:

We're really looking at counting ••

LEG. NOWICK:

Not necessarily Nissequoque but the ••

MR. BALBINDER:

The Chiefs Council is looking at counting the PD as on•scene first responder so we can have an ambulance roll, and I would say 15% of the five to 6,000 calls in Smithtown are for nursing homes, so there's a concern. So it's another issue that was part of this letter and I •• it was an opportunity to speak to about.

LEG. BISHOP:

Right, but it's not in this bill.

LEG. VILORIA•FISHER:

Okay. And I just want to thank you for coming down and representing the Council.

MR. BALBINDER:

Thank you.

LEG. KENNEDY:

Chief, just one quick question.

CHAIRPERSON CARPENTER:

Chief, just a moment. Legislator Kennedy?

LEG. KENNEDY:

Right.

MR. BALBINDER:

Hi, John.

LEG. KENNEDY:

We had an opportunity to talk last week and I just want to clarify so that I understand for the Smithtown township, there is a portion of the southern part of the township that is covered for ambulance purposes by the folks from Central Islip. They were there when we talked last Wednesday, do they operate under the same type of protocol I guess as the volunteer departments do?

MR. BALBINDER:

Yes.

LEG. KENNEDY:

So you've got uniformity I guess across the township as far as their participation down there as well.

MR. BALBINDER:

Yes.

LEG. KENNEDY:

All right, thank you.

MR. BALBINDER:

Thank you.

CHAIRPERSON CARPENTER:

Thank you. Next speaker, Craig Zitek.

MR. ZITEK:

Good afternoon. My name is Craig Zitek representing the Town of Southampton. Thank you for letting me speak. Two weeks ago Chairman Carpenter asked to hear from people in the trenches; well, I've been an EMT for 18 years. Today I thought I'd describe to you what it takes to become an EMT.

An original EMT course consists of 130 hours of classroom training plus an additional 10 hours of hospital observation time. An EMT Critical Care, also commonly referred to as an EMT•CC or an AEMT, that course is 295 hours including 63 hours of hospital time and an additional 60 hours of field training time with preceptors with your corps fire department. During my original A class, I practically lived around the clock at the ambulance barn for eight months. These certifications expire after three years; the EMT recertification class is 65 hours. The EMT•C refresher class is 91 hours. My last refresher, I spent every Sunday from Labor Day till Christmas in Nesconset; I live in Jamesport.

In addition, there are various other certifications which we maintain in order to provide better care to our patients. There's cardiopulmonary resuscitation which is eight hours, there's pre•hospital trauma life support which is 16 hours, there is advanced cardiac life support which is another 16 hours. There's pediatric advanced life support which is 16 hours, and then there is GEMS which is Geriatric Emergency Medicine which is ten and a half hours, and these as well must be refreshed and maintained.

Additionally, there is regular monthly training provided by your corps or department. There are numerous seminars and other training that is currently required by the County such as blood•borne pathogens and weapons of mass destruction. I have missed many family gatherings and holidays in order to help the people in my community. A full night's sleep is more

something of a distant memory than a reality. Christmas Eve last year I spent running a cardiac arrest followed by a drug overdose. I spent New Year's Eve with a double shooting at 2 AM.

Two weeks ago I sat here in front of this committee, meanwhile there was a motor vehicle accident in my district involving a car and a cement truck, that gentleman died; instead of being there, I was here. Instead of providing penalties for non-compliance, let's look at rewards for our EMS providers and agencies. The State currently requires that every PCR be completed for every patient; let's change the PCR to include the information that we need to collect that information. Also, I know that if I incorrectly fill out a PCR, I know within a month back with circles and red arrows what information was not correct, not three years. Thank you.

CHAIRPERSON CARPENTER:

Thank you. Legislator Kennedy.

LEG. KENNEDY:

Just a point of clarification again.

MR. ZITEK:

Yes, sir.

LEG. KENNEDY:

Who sends that incorrect PCR back to you?

MR. ZITEK:

I believe it comes back from the County.

LEG. KENNEDY:

Not the facility that you came to, that you dropped the patient off from?

MR. ZITEK:

No, I believe ••

LEG. KENNEDY:

It leaves that facility, goes to the County and then the County sends it back to you?

MR. ZITEK:

I believe •• my understanding is that it is picked up from the hospital by the County which then checks them over before they pass them on to the State, and if there are any problems that it is sent back to us directly.

LEG. BISHOP:

It's the State; Dr. Alicandro can address that.

LEG. KENNEDY:

Okay, thank you.

LEG. O'LEARY:

I have a question.

CHAIRPERSON CARPENTER:

Legislator O'Leary.

LEG. O'LEARY:

The question I have, and perhaps you may not know but it has to do with police officers trained as EMT's; I know there's no bearing, relevancy on the issue but it's important to me to know this. Are Southampton police officers trained as EMT's?

MR. ZITEK:

Yes, they are, as well as most of the rest of the east end.

LEG. O'LEARY:

So the ••

MR. ZITEK:

And there has been numerous times where the only reason I've had a patient to save was because a police officer was on scene first.

LEG. O'LEARY:

All right. So then your answer is not only is Southampton PD but the east end departments as well all have ••

MR. ZITEK:

The Town of Riverhead, Town of Southampton, Town of Southold and I believe East Hampton as well.

LEG. O'LEARY:

All right, thank you.

CHAIRPERSON CARPENTER:

Thank you very much. Next speaker, Michael Rubin.

MR. RUBIN:

Hi. My name is Mike Rubin and I have the privilege of being associated with EMS in really three ways; I'm manager, I'm an educator, and most importantly I'm a volunteer in the Suffolk County EMS system and that's what brings me here today. And I guess I should make it clear that no one represents me here today and I don't pretend to represent anyone else other than myself.

In the time that I've been riding an ambulance over the last 12 years, I think the most important thing that I've learned is that EMS isn't about us, it's about the patients. And I think we have an obligation to the patients to provide prompt, competent care every time we go out. I think we also have an obligation to continuously look for ways of improving that care because things can always be better, not just in EMS but in anything that we do. To do that, in order to improve what we do, there needs to be some accountability, and I think that the best thing about IR 1582 is that it offers a path towards greater accountability. It encourages us to collect data that will help us evaluate ourselves, will help others evaluate us, and we can use that kind of feedback to get better at what we do.

There have been comments expressed about •• concerns about resources that are needed in order to comply with this resolution. I don't think it's so much a matter of finding new resources in order to make this work, but rather to find ways of best allocating the resources that we now have. This is no different from challenges that we faced in the past, and I'm confident that we

can meet this challenge if we just keep an open mind and take a results-oriented approach to what we do in the field, and if we do that I believe that lives would be saved. Thank you.

LEG. O'LEARY:

Thank you.

CHAIRPERSON CARPENTER:

Thank you very much. Next speaker, Htun Han.

MR. HAN:

Good afternoon, Ladies and Gentlemen and Legislators. First of all, a little correction; I'm affiliated with Amagansett Fire Department, but what I'm going to mention right now reflects my own personal opinion and not of the department's.

CHAIRPERSON CARPENTER:

Thank you.

MR. HAN:

Only my fellow volunteers that have come out to oppose this legislation, I have to admit I totally agree with them. And a lot of the points that I had planned to make have already been made, so I'm not going to belabor this issue, but I'd like to implore you to think beyond the actual implications that this legislation, if passed, is going to have on us. Just two or three very short points.

Number one, once we have got the data, well and good, yes, that can be used to improve our system, but what if the press knows about it; will there be a ranking made? Will a certain department be ranked number one and the best response and a certain department ranked whatever number of volunteer services, there are 204, whatever the number is? How is that going to effect the morale? We had touched upon the morale going in, but have you thought about the morale as a result of it, what happens with that when it comes out in the press? I certainly wouldn't like to live in a neighborhood where the ambulance response time, when ranked from one to whatever the number is, is on the lowest ten percentile. Please consider that very strongly because once a deter is there it can be manipulated every which way.

The second point I'd like to make is it's a carrot •• stick and carrot approach that is offered to us. If you do it, great, you're great guys, the data is there, we can improve the system; but if

you don't do it, we're going to penalize you. The million dollar insurance is going to be taken away and the various County-funded mandates and facilities are going to be taken away and things like that. Fine, let's take it one step beyond. It's taken away from us, we don't have that anymore, would we •• and this is a rhetorical question. Would we be able to function as an ambulance service without the County backing us on the ALS insurance? What if because of that the insurance is taken away from us, we no longer can render the services that we are offering to our fellow citizens, there's no ambulance service in Amagansett where I come back; would you be willing to bear that consequence? It's going to come up.

And the last point perhaps I'd like to make is we're talking very much about data, data and data, good data, collecting data and all those points that wanted to be collected. Let me share with you just one set of data that browsing through the Internet two days ago •• may I? It will be just one minute.

CHAIRPERSON CARPENTER:

Sure.

MR. HAN:

Just two days ago I came across. Okay, one subject is doctors; the number of physicians in the United States is 700,000 physicians, accidental deaths caused by physicians per year are 120,000 accidental deaths. The accidental deaths per physician, therefore, is 0.171 per physician, and these statistics come from the U.S. Department of Health and Human Services. The other group, gun owners. The number of gun owners in the U.S. is 80 million, the number of accidental gun deaths per year in all age groups is 1,500. The number of accidental deaths per gun owner is 0.000188. Let's do the math; if we divide the number of deaths caused by doctor which is 0.171 divided by guns accidental death 0.000188, we come to a number of 909. Therefore, statistically •• let's talk about statistics now •• doctors are approximately 900 times more dangerous than gun owners. Does that make doctors more dangerous? What are you going to do with the data, all these reams upon reams of data? How it's going to be manipulated is what worries me. Thank you very much.

CHAIRPERSON CARPENTER:

Thank you for your point.

LEG. BISHOP:

May I ask a question?

CHAIRPERSON CARPENTER:

Sure, Legislator Bishop.

LEG. BISHOP:

Doctor, is the solution to ignorance more ignorance?

MR. HAN:

It's a rhetorical question.

LEG. BISHOP:

No, it's a direct question because if you're saying that data can be manipulated, is the data dangerous or do we need to know about the data and understand the data and use it properly? What's the better way to address the situation?

MR. HAN:

The main thing, Legislator Bishop, is •• and I had brought this along but I didn't pass it along because this matter had been addressed. I've got a bunch of PCR's, if anyone is interested I can hand them out. On the right corner of the PCR are the times involved; number one is call received, second is on route, third is at scene, number four is from scene, number five is at destination which is at the hospital, and six is in service and seven is back in quarters; these are very valuable data.

LEG. BISHOP:

Uh•huh, absolutely.

MR. HAN:

Do you really need anything beyond this?

LEG. BISHOP:

Yeah, is the signal 24 measured, where's the box for signal 24?

MR. HAN:

In that case, on the bottom there is something that is mentioned about signal 24. However, be that as it may, if •• this is not a final and be•all/end•all version of the PCR, the Patient Care Report; in my 25 •• 20 years as a volunteer, I think this is the third version.

LEG. BISHOP:

Let me ask you this.

MR. HAN:

May I finish, please?

LEG. BISHOP:

Yes.

MR. HAN:

And these versions, whenever they get improved, did not need a Sense of the Legislature to get improved, this comes directly from New York State and were given in service. Why can't that be done simply by an act of the New York State Department of Health and say we need a signal 24, let's insert it somewhere in here rather than go through all this legislation and all these meetings that we're having.

LEG. BISHOP:

Well, what's the difference in the end then? Tell me.

MR. HAN:

Exactly what you're attempting to do.

LEG. BISHOP:

Why would you oppose it going to the County directly?

MR. HAN:

I'm not opposing it. Please don't get me wrong, I'm not opposing it, I'm accepting it.

LEG. BISHOP:

Okay.

MR. HAN:

What I'm imploring you to do is ••

LEG. BISHOP:

I don't follow you.

MR. HAN:

•• after you've got the data, what are you going to do with it? Please think that through.

LEG. BISHOP:

And that's a good message, I understand what you're saying; don't manipulate it, don't ••

MR. HAN:

I'm not opposing it, okay. As a person, yes, it's additional work involved in getting all the information and if it is done by our PSAPs, so be it.

LEG. BISHOP:

Right.

MR. HAN:

So it is going to be gotten, whether we give it to you or not it can be gotten from our PSAPs, so that is not the point. The point I'm trying to make is the data is already here and these are in triplicates; number one, it's kept by us, second is kept by the hospital, third is a research copy. Somehow or the other, at some point or the other it comes back to the County and if the County does want it they can easily get that either directly from the hospital, from us or from the State. Why do we need to go through all of this?

LEG. BISHOP:

Three years later.

MR. HAN:

Thank you very much.

CHAIRPERSON CARPENTER:

Thank you, Mr. Han. Legislator O'Leary I believe has a question for you.

LEG. O'LEARY:

Yeah, this is an educational process for those of us on the committee who's not totally familiar with EMS and the response times and the various reports that are submitted with respect to the services provided. Now, my understanding of a signal 24, that's an assist unit or someone who ••

MR. HAN:

It is, mutual aid required.

LEG. O'LEARY:

Another agency that's called to respond because of the inavailability of the service initially called; is that correct?

MR. HAN:

Correct, sir. It's a mutual aid response.

LEG. O'LEARY:

Mutual aid.

MR. HAN:

Requesting for mutual aid from another adjoining call, out of our own district.

LEG. O'LEARY:

And the reason why a 24 would go out was because the initial request of the unit serviced to respond was unavailable or busy doing something else, is that basically what ••

MR. HAN:

Correct, yes. We don't •• we could not man enough manpower to run that call.

LEG. O'LEARY:

Okay.

MR. HAN:

So that goes out to a neighboring department.

LEG. O'LEARY:

And the unit that does receive the mutual aid, I assume they fill out a PCR as well.

LEG. BISHOP:

Right.

MR. HAN:

Therein lies perhaps another shortfall in this, at least for Amagansett. If say supposing Montauk calls for a signal 24 and Amagansett responds, our call receive time is not the time when the call was made.

LEG. BISHOP:

Right, exactly.

MR. HAN:

Our call receive time is ••

LEG. BISHOP:

That's exactly it.

MR. HAN:

Therefore, whatever data you collect you've have to correlate the two data from when the call was first received ••

LEG. BISHOP:

That's exactly the point.

MR. HAN:

•• because our data is only on this PCR.

LEG. O'LEARY:

All right. Well, my ••

LEG. BISHOP:

That's the aha moment.

LEG. O'LEARY:

My question •• that's what?

LEG. BISHOP:

The aha moment.

LEG. O'LEARY:

Oh, okay. My question, sir, is the mutual aid unit that receives the request for response, do they fill out a PCR report and fill in the time that that was requested?

MR. HAN:

Yes, sir, we do. And if it's done correctly, at some point the two forms need to get married so that we at least have a sense of when the call was initiated.

LEG. O'LEARY:

Is there a process in place that marries this process?

MR. HAN:

It's a hospital because the research copy remains at the hospital. I don't go up to Montauk and say, "Here's my copy, give me your copy," we don't do that.

LEG. O'LEARY:

All right, but that's something that •• we'll discuss it under the debate of the bill itself. But that's something I just want clarified in my mind with respect to a mutual aid response, they have to fill out a PCR and they indicate the call received at the time they were requested to assist the •• for the mutual assistance, correct?

MR. HAN:

Correct. But in most cases when a mutual aid request is indeed made, many times there is not even one single person that is available to respond to the first call, to the call within the district, so there's no one there available to fill out the PCR. So there may not even be times available, in actual effect the times shown will be just my time. And therefore, yes, it is erroneous times, but that's the best that right now there is. And again, I don't see getting the data from the PSAPs, they'll have to marry the two also and mention that this is one in the same call we're talking about.

LEG. O'LEARY:

My final question to you, sir, is on the report that's in front of me, this PCR, I don't see any indication that there was a police assistance or police response.

MR. HAN:

No, first responder.

LEG. O'LEARY:

And their time of arrival.

MR. HAN:

It's not in it right now.

LEG. O'LEARY:

Well, if they're the first •• if they're, in fact, the initial first responders providing medical assistance, should that not be so noted somewhere on this report?

LEG. BISHOP:

Absolutely, that's the second aha moment.

MR. HAN:

In the best case scenario, indeed there should be. But again, we can't go ahead and change the format of the PCR and have the new PCR printed, PCR's printed because it comes directly from State Department of Health. What we do do in Amagansett is we do make the times, there are a few first responders within Amagansett, within our PCR's we do write down the first responder's response times, when they first go to the scene and when they arrive at the scene.

And if the PD is there, we also make a note of the PD's name and his arrival time.

LEG. O'LEARY:

But there's no •• I mean, the report that's in front of me here has no indication or notation that that, in fact, did occur.

MR. HAN:

Not of the time but of the presence, yes, because somewhere there it says who else is responding, either PD units or other EMS personnel.

LEG. O'LEARY:

But wouldn't it be safe •• and I won't belabor this point, but wouldn't it be safe to assume that in the majority of instances the police are at the scene of a medical emergency prior to the ambulance?

MR. HAN:

Where we respond in our district, almost always the case.

LEG. O'LEARY:

Well, and I think it's the case in the west end as well, but it's just a point I wanted to make with respect to when we debate this particular bill.

MR. HAN:

Correct. And they also all carry automatic defibrillators, so if it is indeed a very critical cardiac case they can initiate with the shock treatments immediately, even before we arrive, and they're trained to do that.

LEG. O'LEARY:

All right, thank you.

CHAIRPERSON CARPENTER:

Thank you very much.

LEG. KENNEDY:

Just a point of clarification.

CHAIRPERSON CARPENTER:

Legislator Kennedy.

LEG. KENNEDY:

The hypothetical you just gave about Amagansett and Montauk as far as the mutual aid.

MR. HAN:

Yes, sir.

LEG. KENNEDY:

The contact to the initial department where there's no volunteer to respond and then you have the rollover, there's nothing within that original department that captures when that original time of phone call or time of contact was made?

MR. HAN:

If there's no one to respond and there's no one at the ambulance to acknowledge even what we term a signal 9, we're ready in the ambulance; no, if there's no one there there's no acknowledgement, there's no acknowledgement.

LEG. KENNEDY:

Okay.

MR. HAN:

Because there are indeed certain circumstances where ••

LEG. KENNEDY:

Is that unique in your department?

MR. HAN:

Not really, it's not unique, sir, but it does happen occasionally.

LEG. KENNEDY:

Okay, thank you.

CHAIRPERSON CARPENTER:

Thank you very much.

LEG. LOSQUADRO:

Just one quick question.

CHAIRPERSON CARPENTER:

Oh, I'm sorry.

LEG. LOSQUADRO:

One quick question, sir.

CHAIRPERSON CARPENTER:

Could you hold just a moment? Legislator Losquadro, I apologize.

LEG. LOSQUADRO:

Looking on here I see things like run number. Is there a unique ID code, let's say, for a call that can be tracked cross•departmentally? When you say that this information could be married together; how ••

LEG. BISHOP:

(Inaudible).

LEG. LOSQUADRO:

There's no sort of unique ID number that can be referenced?

MR. HAN:

Yes, on the PCR's there are two sets of numbers, one is the printed number and that remains as the official record.

LEG. LOSQUADRO:

Okay, right.

MR. HAN:

But for each department a separate run number is given.

LEG. LOSQUADRO:

Okay.

MR. HAN:

So if the call pertains to just one case, one patient, it could be number 456 for Montauk and number 223 for Amagansett.

LEG. LOSQUADRO:

Right, but like you said, if your signal 24'd and if one department fills out a PCR, another department fills out a PCR, there's no sort of ••

LEG. BISHOP:

It's not going to be on the code, you have to know the address.

LEG. LOSQUADRO:

Right, there's no sort of reference ••

MR. HAN:

There is no code.

LEG. LOSQUADRO:

•• based on the order in which the call was taken in that it could be referenced.

MR. HAN:

The way we do it, in Amagansett at least, the nature of the call, the dispatch information on the second line under the agency name, we always write down that it's a signal 24 for Montauk, on a signal 16 for an MVA or whatever; we clarify that on line number two.

LEG. LOSQUADRO:

Very good. Thank you.

CHAIRPERSON CARPENTER:

Thank you very much. Last speaker, Pat Mansir, Councilwoman Mansir.

COUNCILWOMAN MANSIR:

Thank you for the opportunity to speak. My name is Pat Mansir, I've been involved in emergency services for 27 years in one way or the other. I think that this has been a good dialogue here today. But what I'm really here to say that you're driving our volunteers crazy. I've been to their meetings many, many, many times and this is a moving target; they don't know where to go with this because they don't know where you're really going to go. They're presented with protocol, protocol is off the table. Now they're presented with data and they're thinking what happens after the data, does the protocol come back or does it go straight up to Albany? And we're hearing different things and the people are sitting at the tables. And I think Craig Zitek did a wonderful job in explaining that these people are busy; they're either at training, they're at recertification, they're out there in the field doing the work or they're at their own meetings. And I'm asking you again to create some sort of a situation where you can sit down with them, be honest, tell them the end result, tell them where you're going because they are struggling to try to read your minds and figure out what they can do to meet your needs. Thank you.

CHAIRPERSON CARPENTER:

Thank you very much. There are no other cards.

I think that I'm going to ask Dr. Alicandro to come forward. There were some issues raised, I think some Legislators may have some questions.

LEG. BISHOP:

Dr. Alicandro •• may I.

CHAIRPERSON CARPENTER:

Sure, Legislator Bishop.

LEG. BISHOP:

Were there any statements made here that you feel that it's important for the committee to receive clarification on?

DR. ALICANDRO:

I think what's important to know is that the mutual aided calls are really a significant subgroup that we're very interested in and that those calls are not reflected on the PCR's, if it's noted that there was a mutual aid on the PCR.

CHAIRPERSON CARPENTER:

Dr. Alicandro, if you could, please try to speak into the microphone, it's hard to hear.

DR. ALICANDRO:

Sorry. The original time of the call received is not recorded, as Mr. Han said, so that's one piece that's not on the PCR. The other thing I think that's important is that the other times that are being •• actually were requested by the agencies and providers to be collected by REMSCO which were our first responder times and also a mechanism to do quality improvement on the dispatch system are not typically written on the PCR's. And there is not a blank for that and I think part of the reason for that not being part of the issue on a PCR is that those times are typically collected by the dispatch agency because the first responder will tell the dispatch agency that they're on scene. In order for it to be written on the PCR, the responding ambulance crew would have to ask the first responder, "What time did you get here," and in the heat of taking care of a critical patient they may not have that opportunity and the data would be lost, and it was felt to be very important by the agencies and councils that we met with, you know, that that data be recorded.

The other thing is the confusion about the protocol being withdrawn, I just wanted to address, if I might, because it was withdrawn based on meetings we had all summer with councils and agencies who made some suggestions which we actually incorporated into the protocol including removing the response goal from it and allowing plain language dispatch; that's why it was withdrawn and then reintroduced with those suggestions incorporated.

LEG. BISHOP:

Why do you need this legislation, how will this legislation help; what will you do with the data once you have it?

DR. ALICANDRO:

The data is important for several reasons. One thing that has been said and is absolutely true

is that a lot of agencies have put into place programs to address response challenges which are working very well, we think. They have collaborated on solutions together, they have put in place in-house crews, things of that nature and we'd like to be able to disseminate those best practices by looking at the data and seeing what's working well so that we can disseminate it and help agencies.

We also occasionally get concerns about agencies from their neighbors that they're having difficulty meeting response challenges. And it's difficult to help those agencies without being able to look at data and seeing when they're unable to respond so that we can show them where the holes in their, you know, abilities are and assist them in that fashion, and actually to see if there is a problem because sometimes it's simply that they're out, you know, with three calls at a time and cannot possibly field them because they only have two ambulances, things of that nature. Again, the response to request from the councils, a feedback to agencies on their own individual statistics so that they can know how best to look at what they're doing.

Other public health issues actually that we are trying to address such as cardiac arrest survival and introducing new modalities which are being introduced in other regions in the country to improve survival really depends on looking at the different intervals from call receipt from a patient suffering cardiac arrest at the dispatch agency through the various response levels of basic life support like police and on to advanced life support; you need to be able to address each individual interval.

LEG. BISHOP:

Each meeting takes a different turn and today's meeting there's been an awful lot of discussion about the police being on the scene first; could you address the value of that and where it lacks value?

DR. ALICANDRO:

Yes. The police are dispatched actually to every medical call, they have Automated External Defibrillators available to them and also oxygen. Their main value is as a public access defibrillation agency where they can use a defibrillator on a patient who's suffering from cardiac arrest and has a ventricular fibrillation as a presenting rhythm. You know, our cardiac arrest rate, there's about a thousand of them out of the 100,000 calls, so it's about 1%, and a small subset of those are actually a ventricular fibrillation, so that's when that's most useful. You

know, they can also do CPR and apply oxygen to patients having difficulty breathing but it's not definitive care in the other situations or even in the cardiac arrest.

LEG. BISHOP:

And so where is the police on the scene not the end of our inquiry, why don't we just stop there and say the problem is addressed?

DR. ALICANDRO:

Because there are many entities that require definitive care in a hospital such as any surgical emergency, inter abdominal surgical emergency, any trauma that requires operative intervention or intercerebral monitoring, stroke care, cardiac asemla or, you know, a heart attack type of situations require definitive care in a hospital, things of that nature, overdoses.

LEG. BISHOP:

Okay. And finally, could you identify the person to your right?

DR. ALICANDRO:

I'm sorry?

LEG. BISHOP:

Who is the person to your right?

DR. ALICANDRO:

This is Lynne Bizzarro from the County Attorney's Office.

LEG. BISHOP:

Why did she come up when you came up?

MS. BIZZARRO:

Oh, I just came up just •• I just am concerned if Dr. Alicandro might start discussing things in a little bit more detail, then I might recommend to all to go into executive session; that's really the only reason for my presence.

LEG. BISHOP:

And what is the limit that you can articulate that Dr. Alicandro cannot cross in the County Attorney's opinion; why are you there, to make sure that she doesn't do what?

MS. BIZZARRO:

That she doesn't cross over that line.

LEG. BISHOP:

What is that line; what is the line that you're looking for?

MS. BIZZARRO:

I'll know that line when I hear it; when you ask the question that will provoke the answer that will go there.

LEG. BISHOP:

All right.

MS. BIZZARRO:

So that's why I want to be here.

LEG. BISHOP:

Dr. Alicandro, I'm going to ask a question then. Do we have a number of cases in this County where •• that have been referred to your office where the response time medically damaged the patient?

MS. BIZZARRO:

This is where •• you're starting to get there, Legislators Bishop.

LEG. BISHOP:

I understood that, and that's why I ••

MS. BIZZARRO:

And I would just recommend it for the executive session.

LEG. BISHOP:

I just wanted to make it clear that ••

LEG. O'LEARY:

You're stepping over the line, David.

LEG. LINDSAY:

(Inaudible).

LEG. BISHOP:

Right. I want to make it clear that the County Attorney is there to ensure that the Director of Emergency Medical Services for the County cannot speak on cases where the response time was poor and that someone was harmed, and that is where we're at right now and that's why we need to assure that we don't have 4%, 5% say •• I'll speak more later, but I just wanted to call my colleagues attention to that issue because we're the ones who ensure this system and that's why it's important as well from a fiscal standpoint as well as a human standpoint.

CHAIRPERSON CARPENTER:

Legislator Kennedy then Legislator O'Leary.

LEG. KENNEDY:

Doctor, I'm still trying to understand some of the mechanics associated this form. We've spoken about things that should be added in there. This is something that is put out by New York State Department of Health; I would imagine it's not specific to Suffolk County, it must be uniform throughout the State, but you must interact and dialogue. One thing in particular •• I'm going to ask •• you've spoken about the form, certainly there's got to be a way that this form can be modified with the State agency.

DR. ALICANDRO:

Sure, there is. And actually, we are actually doing a pilot program now with a term of prehospital care report which is unique to Suffolk County in order to better document what's happening with a trauma patient. This form •• just to •• because that was also said. When the form is filled out, it's a patient care record, so the presenting complaint of the patient and what care is rendered, it's part of the patient's medical record, that's what it is, because medical care is being provided to that patient.

LEG. KENNEDY:

Confidential, I might add then, right?

DR. ALICANDRO:

I'm sorry?

LEG. KENNEDY:

Confidential I might add then, right?

DR. ALICANDRO:

Yes, it is.

LEG. KENNEDY:

Okay.

DR. ALICANDRO:

And then there are two copies left at the hospital, one becomes part of the patient's hospital record so that you can construct a time line of what happened to that patient. There's another copy that is a research copy that is sent initially to Stony Brook who does medical control and we contract with them to screen the prehospital care reports and they will pull out those that need additional fields filled out because they were incomplete and they are then sent to our office for review.

LEG. KENNEDY:

So Stony Brook is the recipient for all PCR's filed ••

DR. ALICANDRO:

It's sent by the hospitals ••

LEG. KENNEDY:

Throughout the County?

DR. ALICANDRO:

Yes, to Stony Brook.

LEG. KENNEDY:

That's the piece that I'm trying to understand.

DR. ALICANDRO:

Yes, and then they come to us.

LEG. KENNEDY:

The gentlemen from Southampton spoke specifically and we saw the first speaker with that banker box worth of PCR's.

DR. ALICANDRO:

Yes, that's already been sent by Southampton Hospital to ••

LEG. KENNEDY:

To where?

DR. ALICANDRO:

To Medical Control at Stony Brook.

LEG. KENNEDY:

Who performs this function at our, the County's, behest, at EMS' behest?

DR. ALICANDRO:

As a contract agency, yes. They provide medical control, they also have physicians who speak to the EMT's on scene and things like that, so they do several functions 24 hours a day.

LEG. KENNEDY:

And then ultimately it leaves the County of Suffolk and gets remitted up to Albany?

DR. ALICANDRO:

Yes, it comes •• it either is sent directly up to Albany or comes to us first for review and then is sent up to Albany, yes.

LEG. KENNEDY:

Who tabulates this data, who does the keypunching?

DR. ALICANDRO:

The ultimate keypunching for the response times is done by New York State.

LEG. KENNEDY:

So it moves up there in paper form, they tabulate the data ••

DR. ALICANDRO:

Correct.

LEG. KENNEDY:

•• then they remit back down to us ••

DR. ALICANDRO:

Correct.

LEG. KENNEDY:

•• in report form.

DR. ALICANDRO:

Yes.

LEG. KENNEDY:

Okay.

DR. ALICANDRO:

And that •• it's incomplete, the reports we get from them are incomplete because there are PCR's missing, Prehospital Care Reports missing, the data has been incomplete and people had issue with that in our previous discussions on this issue.

LEG. KENNEDY:

And what's the average cycle time that we experience now?

DR. ALICANDRO:

It's years, that's a problem.

LEG. KENNEDY:

Years?

DR. ALICANDRO:

Yeah, it's about four years behind, three years behind now.

LEG. KENNEDY:

So the State of New York Health Department takes approximately four years to tabulate ••

DR. ALICANDRO:

Three years, I misspoke, it's three years.

LEG. KENNEDY:

Thirty•six months to keypunch this data.

DR. ALICANDRO:

This and the rest of the State, yes, they send it out in one package from the State. But again, these PCR's would not have mutual aid calls included, so in discussions with the State they have advised that we should work with our local dispatchers to get accurate data locally, and it's also dependent on how it's filled out.

LEG. KENNEDY:

Is your pilot looking at any paperless forms or automated e•filing?

DR. ALICANDRO:

Yes, there are several paperless, electronic PCR's being piloted throughout the State which is actually very beneficial and something that needs to be looked at.

LEG. KENNEDY:

And is any of that going on here in Suffolk?

DR. ALICANDRO:

Yes, it would require extra entry, you know, at the hospitals by the provider, they would have to be inputting data.

LEG. KENNEDY:

Or it's something that could commence with the first responder, follow the ambulance, move into the hospital and have a life where parties, involved parties would be adding the pertinent information?

DR. ALICANDRO:

It would require the first responder filling out a separate PCR which they may not do at this current time.

LEG. KENNEDY:

Or if they had access to a unique file they could input.

DR. ALICANDRO:

Sure.

LEG. KENNEDY:

Thank you.

CHAIRPERSON CARPENTER:

Legislator O'Leary followed by Legislator Lindsay.

LEG. O'LEARY:

The •• in your capacity, Doctor, as the EMS Director, could you just for purposes of explaining to the committee just what your purpose and function is and your role and authority over the ambulance companies throughout the County?

DR. ALICANDRO:

Yes, I'm the Medical Director and also the Division Director of the Emergency Medical Services in the Department of Health. My position was actually created to oversee system operations back •• out of a task force in 1985 that was looking at similar issues. We also oversee corps sponsorship for a New York State EMT Training Program. We coordinate and facilitate quality improvement as a program agency of New York State Department of Health, we facilitate quality improvement programs both at the agency level and systemwide. The EMT's function as

delegated practice of physicians, so they actually under my license provide medical care to patients and then I'm responsible for the oversight of that medical care. We also, you know, have public health responsibilities as well.

LEG. O'LEARY:

From an operational standpoint, is part of your responsibility the oversight of the ambulance companies and their functions and purposes and services provided?

DR. ALICANDRO:

We oversee medical care and we work with the Regional EMS Council and Regional Emergency Medical Advisory Committee on, you know, protocol issues. You know, I think operationally there are some operational issues that impact medical care and that those kind of things are where we would become involved.

LEG. O'LEARY:

Well, part of the medical care, then, is there a concern from your standpoint with respect to response time?

DR. ALICANDRO:

Yes.

LEG. O'LEARY:

Did I cross the line?

DR. ALICANDRO:

I just think that's relevant, I think the response is relevant in many entities to patient outcome.

LEG. O'LEARY:

Is this an area where perhaps she'll be crossing the line, Counsel.

MS. BIZZARRO:

Yes, it is; thank you.

LEG. O'LEARY:

All right. Let me just try to ••

LEG. BISHOP:

It's hard to be a Legislator.

LEG. O'LEARY:

Has there been any •• it's a lot easier interrogating, let me tell you.

MS. BIZZARRO:

As I said, you can go into executive session and explore this further.

LEG. O'LEARY:

I understand that. Has there been any effort on the part of either yourself or staff personnel addressing the issues that were discussed today with the various ambulance companies in the County?

DR. ALICANDRO:

With individual agencies, yes. We meet with individual agencies to address meeting response challenges and help them looking actually at their own data, you know, trying to get data for them on how best to address what's been an issue.

LEG. O'LEARY:

Well •• and before you answer this, perhaps you ought to just check with Counsel next to you. Has part of your inquiries with the ambulance companies had to do with response time?

DR. ALICANDRO:

Yes.

LEG. O'LEARY:

Yes, all right.

LEG. LINDSAY:

Could ••

LEG. O'LEARY:

Yes?

LEG. LINDSAY:

I'm sorry to interrupt, but this has really peaked my interest and I really think that we should go behind closed doors and find out what the good Doctor is saying.

LEG. O'LEARY:

Well, perhaps as a suggestion to the Chair that we might consider that after the questions.

LEG. LINDSAY:

Okay.

LEG. O'LEARY:

That she can't answer in public, because one I think is ••

LEG. BISHOP:

Any time you want to go down a path you're going to run into a roadblock.

LEG. O'LEARY:

Well, I don't think it's •• well, anyway, let me just move on. All right, I'll get off of that issue for now, and it very may come to pass that we will have to go into an executive session. But the second point I wanted to touch base on is the collection of this data, the physical collection of it; whose responsibility is that?

DR. ALICANDRO:

Well, the ultimate data, PCR data New York State collects and feeds back to us, but individually, locally the dispatch agencies are for the most part collecting this data already. What the individual agencies do is report their times on a radio to their dispatch agency and most of that information is collected except, you know, the nature of the call priority level.

LEG. O'LEARY:

I'm referring to specifically the report that's submitted, the PCR, whose responsibility is it to collect that form?

DR. ALICANDRO:

We collect that form in the EMS Division, the data is collated at New York State, but we have

done individual reviews locally as well.

LEG. O'LEARY:

And on how frequent or infrequent a basis are these forms picked up, and where are they picked up?

DR. ALICANDRO:

They're actually mailed, they're supposed to be mailed monthly.

LEG. O'LEARY:

Oh, they're mailed to you by the hospital?

DR. ALICANDRO:

Yes, and then the individual agencies as well if it's a nontransport, for instance, if the patient refuses care, etcetera, then they don't get left at a hospital so those are collected by the agencies.

LEG. O'LEARY:

Is a preliminary analysis done by your office of the report before it's sent to the State?

DR. ALICANDRO:

Yeah, we look at them locally, episodically, not every one.

LEG. O'LEARY:

For what purpose are you looking at?

DR. ALICANDRO:

Different quality improvement reviews.

LEG. O'LEARY:

Including response time?

DR. ALICANDRO:

We've looked at that.

LEG. O'LEARY:

Okay. Have you •• as a result of analyzing these various reports submitted to you via mail, have you come up with a policy decision with respect to •• perhaps you shouldn't answer that.

MS. BIZZARRO:

Correct; thank you.

LEG. O'LEARY:

Maybe that's something we'll go into later. All right, at this time I have no further questions of the witness.

LEG. KENNEDY:

Madam Chair?

CHAIRPERSON CARPENTER:

Legislator Kennedy.

LEG. KENNEDY:

Doctor, can I just follow up on what my colleague has just asked you, because perhaps I'm not understanding what you said before. EMS, the County Health Department does an initial scanning of this PCR for whatever, perhaps completeness, nature of the call, what response was, whatever, whether it's substantive or just nuts and bolts, but didn't you mention that Stony Brook University is the contract vendee who actually does that?

DR. ALICANDRO:

They'll do the initial screen to pull out those that are incomplete.

LEG. KENNEDY:

So the only thing they're looking at is whether or not we've got all the boxes and all the forms checked off.

DR. ALICANDRO:

Correct.

LEG. KENNEDY:

They're not substantively evaluated?

DR. ALICANDRO:

Not the PCR's per se, no; no, we would do that. They screen them for incompleteness.

LEG. KENNEDY:

When they identify one that's incomplete, what happens with the incomplete form?

DR. ALICANDRO:

It comes to us and we send it back to the agencies to complete, and then we send it Upstate.

LEG. KENNEDY:

But ultimately all of them come to you for substantive evaluation.

DR. ALICANDRO:

Yes.

LEG. KENNEDY:

And then they go to the State.

DR. ALICANDRO:

To the State.

LEG. KENNEDY:

All right, thank you.

LEG. BISHOP:

Episodically.

CHAIRPERSON CARPENTER:

Legislator Lindsay.

LEG. LINDSAY:

Doctor, you're familiar with Legislator Bishop's bill and what it would require to report, and you're certainly familiar with the State form; what's the difference between the two? I mean, is 75% of the data on the State form in Legislator Bishop's bill or 50%?

DR. ALICANDRO:

There are many things that are on the PCR that are in the bill. The things that are missing are the original time that the call was received, particularly for calls that are mutual aided, particularly calls that go through more than one agency before an agency is able to respond. First responders are currently not recorded consistently and that's something that the agencies requested so that we can keep track of that data and looking at response.

Also the priority category for EMD is not included routinely on the PCR's, and that's also something that agencies requested that we exclude alpha calls, for instance, low priority calls if they're responding without lights and sirens from data analysis. You know, that we just disaggregate that data or disaggregate when the call has been downgraded by a first responder on scene, those kind of things that actually was requested by the agencies when REMSCo put out its protocol initially, those are the things that are in there that are not on the PCR typically.

LEG. LINDSAY:

Are any of our departments or agencies compiling the information now that's required by Legislator Bishop's bill?

DR. ALICANDRO:

The PSAPs are, yes.

LEG. LINDSAY:

They are.

DR. ALICANDRO:

Many of them, not all.

LEG. LINDSAY:

So they already have •• some of them already have the information ••

DR. ALICANDRO:

Correct.

LEG. LINDSAY:

•• it's just a matter of transferring it to the County to evaluate it.

DR. ALICANDRO:

Correct. And when we met with the E•911 commission prior to the last meeting that was held here, they indicated that in some cases they would have to add one or two fields, you know, uncover one or two fields in their database to be able to add in this information.

LEG. LINDSAY:

For those that are not •• this information isn't gathered electronically through the PSAP, can this form •• can an overlap be designed for this form to just •• to add another copy and to add the additional information that we require?

LEG. BISHOP:

You would be on the wrong ••

DR. ALICANDRO:

Well, in some cases they ••

LEG. LINDSAY:

What I'm trying to do is to clarify •• I don't •• for those that do not compile this information electronically through their PSAP, I'm trying to make it simpler. I mean, if they're filling out 75% of the information now••

DR. ALICANDRO:

Frequently they get their times from their PSAP. I mean, what they do typically because they're taking care of the patient is they'll say to the PSAP via radio, "I'm on scene" or "I'm leaving the scene" and the PSAP will record it and then they will call MedCom, for instance, and get their times after the fact and write them down. So to have them write down more things, I think when the PSAP is already collecting it is actually more work. You know, think that most of it is already recorded.

LEG. LINDSAY:

Okay, we don't want to make more work.

DR. ALICANDRO:

You know, I think most of it is already recorded and, you know, some of them don't want to hear alpha, bravo, charlie, delta, you know, we've had that discussion, so they wouldn't be given that information so they couldn't write it down.

LEG. LINDSAY:

Okay.

CHAIRPERSON CARPENTER:

Legislator Fisher.

LEG. BISHOP:

No, I will wait.

LEG. VILORIA • FISHER:

Did you say Legislator Fisher or Bishop?

CHAIRPERSON CARPENTER:

Fisher.

LEG. VILORIA • FISHER:

Thank you, Madam Chair. I'm not a member of this committee but because this is such a complex issue I did want to come and get a better understanding of it. And actually it's gratifying to see that even members of this particular committee are asking a lot of questions because it is something that although it's been discussed for a long time it is complex. But I'm still confused, Dr. Alicandro, by your responses to your Legislator Kennedy regarding the forms, because they are gathered at Stony Brook Hospital where they are only •• they're only evaluated with regards to having all fields filled in. They're forwarded to you at that •• at the time only when the red flag goes up when there are fields that are missing, when they are incomplete.

DR. ALICANDRO:

Or if we're doing a review of all of them.

LEG. VILORIA • FISHER:

But I'm talking about routine procedure.

DR. ALICANDRO:

Routinely those or specific.

LEG. VILORIA • FISHER:

Only those that are red flagged because there are fields that are incomplete.

LEG. BISHOP:

For a specific problem.

DR. ALICANDRO:

Correct, or if we request specific ••

LEG. VILORIA • FISHER:

Or there's a specific ••

DR. ALICANDRO:

All of them or a specific category like chest pain or trauma or whatever we're looking at.

LEG. VILORIA • FISHER:

Okay. But you had said to Legislator Kennedy that you do compile data from these but you have an incomplete •• you have an incomplete number of them, you're not getting 100% of them.

DR. ALICANDRO:

Correct.

LEG. VILORIA • FISHER:

At any time.

DR. ALICANDRO:

Right now correct, yes.

LEG. VILORIA • FISHER:

What percentage would you say you do get?

DR. ALICANDRO:

Of overall PCR's or the State data?

LEG. VILORIA • FISHER,

Yes, overall PCR.

DR. ALICANDRO:

Overall PCR's.

LEG. VILORIA • FISHER:

These forms, how many •• what kind of percentage are you getting?

DR. ALICANDRO:

Probably only about 50%.

LEG. VILORIA • FISHER:

About 50%, that's those that are incomplete and those that are earmarked because you're reviewing a certain body of them or for a certain reason?

DR. ALICANDRO:

Correct.

LEG. VILORIA • FISHER:

Okay. So then that data, again, going back to what Legislator Bishop had asked earlier of someone who said that there was 96% response but it was only on 70% of the data; if you're looking at 50% of the number then you're not •• well, I'm not asking you a question, I'm just making a comment, that you are only working with 50% of the pages or the forms. Okay, I think she's •• am I overstepping?

LEG. BISHOP:

You're going to find out.

MS. BIZZARRO:

No, that's all right, you weren't asking a question, Legislator Fisher.

LEG. VILORIA • FISHER:

I'm just reiterating that she's working with 50% of the forms.

DR. ALICANDRO:

Of the forms.

LEG. VILORIA • FISHER:

Of the forms, yeah. I'm not making a qualitative judgment on response times, I'm just talking about a quantity of forms.

DR. ALICANDRO:

I also wanted to say to clarify, we also look at dispatch data through County which has, you know, about 61% of the calls in it that have response times recorded, so we're looking at those as well.

LEG. VILORIA • FISHER:

And where do those two circles ••

DR. ALICANDRO:

Well, those •• the PCR's specifically that we're looking at for data are those calls that are not recorded by County, so we try to capture ••

LEG. VILORIA • FISHER:

So you try to capture a hundred percent.

DR. ALICANDRO:

We try to capture as much as possible, yes.

LEG. LOSQUADRO:

Your mike is off.

LEG. VILORIA • FISHER:

I'm sorry, I thought I was finished asking questions. Okay, so you're saying that you •• if you're currently capturing all of the data but you're not capturing all of the necessary data to really do an analysis, is that why we're looking at this legislation?

MS. BIZZARRO:

I think you're starting to cross the line here.

LEG. VILORIA • FISHER:

Okay. Thank you. Thank you, Madam Chair.

CHAIRPERSON CARPENTER:

Thank you. Legislator Kennedy.

LEG. KENNEDY:

Doctor, I •• I'm just going to try to go through these mechanics again, if I can, a little bit more, and I want to go to, I guess, two different scenarios. One is an ambulance call that brings a patient to let's say ELI out in Greenport, may or may not file a PCR; that PCR may or may not go to Stony Brook and then it may or may not get to you; is that what you're saying?

DR. ALICANDRO:

No. Every patient that's transported has a PCR filled out by the technician.

LEG. KENNEDY:

Okay, so if there's a hundred percent ••

DR. ALICANDRO:

If it is •• oh, I'm sorry, go ahead.

LEG. KENNEDY:

No, no, I'm sorry. No, you need to talk, I don't.

MS. BIZZARRO:

Please, Legislator Kennedy, go on.

LEG. KENNEDY:

So there's a hundred percent compliance in the first instance with form filing; is that a true statement?

DR. ALICANDRO:

Yes.

LEG. KENNEDY:

That is a true statement, okay. Then from all of the health care facilities in the County of Suffolk, the hundred percent move over to Stony Brook; is that correct?

DR. ALICANDRO:

Yes, they are sent to Stony Brook for screening.

LEG. KENNEDY:

And there's a determination made there only of completeness of the form.

DR. ALICANDRO:

Correct.

LEG. KENNEDY:

No evaluation as to magnitude, time, severity, nature of injury, any of those other things.

DR. ALICANDRO:

They don't •• no, no.

LEG. KENNEDY:

Okay.

DR. ALICANDRO:

From the PCR's, no.

LEG. KENNEDY:

And there's a hundred percent of all the ambulance calls that have gone to health care facilities, you've already indicated that there may be situations where a patient doesn't ultimately wind up being taken to an emergency room.

DR. ALICANDRO:

Correct.

LEG. BISHOP:

Right.

LEG. KENNEDY:

Are PCR's filed in all those cases?

DR. ALICANDRO:

Those come from the agencies and should be sent in the same fashion. It's hard to say if we get a hundred percent of those but some agencies send those monthly, some send them less frequently.

LEG. KENNEDY:

All right. What I'm trying to understand is why ultimately there's only 50% of the PCR's that wind up with you; did you not just say that when you were speaking to ••

DR. ALICANDRO:

Yes. No, we can look at 100% of them but we don't input our own data on all of them, the State •• we don't enter response times into a data base for every of the 109,000 PCR's in the County, New York State does that.

LEG. VILORIA • FISHER:

He's referring to another question I asked which is that they only send you those that don't have a completed field or that you have earmarked as wanting to be sent to you from that 100% that's at Stony Brook. The County doesn't get all of that hundred percent forwarded to us; Jeanne, is that correct?

DR. ALICANDRO:

Yes.

LEG. KENNEDY:

But then you're still saying that in some place there's a gap in what you ultimately wind up receiving back from the State? In other words, the State is not keypunching 100% of what's sent up?

DR. ALICANDRO:

They're keypunching 100% of what they received, what they receive, but what they give back to us is only about 60% actually.

LEG. KENNEDY:

Say that again?

CHAIRPERSON CARPENTER:

All right, wait a second.

LEG. BISHOP:

That's what we don't understand. If they're receiving 100% of the forms, why are only 60% getting filed?

CHAIRPERSON CARPENTER:

Excuse me, Legislator Bishop.

DR. ALICANDRO:

Because ••

CHAIRPERSON CARPENTER:

Well, let him, he has the floor now, you'll have your turn.

Legislator Kennedy.

LEG. LINDSAY:

He needs a pill; you got a pill?

LEG. KENNEDY:

I'm not understanding, Doctor, perhaps I'm not knowing how to ask you what it is, but I'm seeming to not follow where we're going, from 100% compliance in the first instance to less than 100% data at the end of the loop.

LEG. BISHOP:

Executive session.

CHAIRPERSON CARPENTER:

No, it's not confidential.

MS. BIZZARRO:

I'd really rather address this •• and I understand it's important and you're not understanding it, but I think it's better if we address it in executive session.

LEG. KENNEDY:

You know what? I'm going to ••

LEG. BISHOP:

I think we need to do that.

CHAIRPERSON CARPENTER:

I, quite frankly, am not •• I mean, there are so many people here who are so interested in this issue and I really want to try to have this done in public session, so let's find a way to do that.

LEG. KENNEDY:

I'll rephrase it.

CHAIRPERSON CARPENTER:

Sure.

LEG. KENNEDY:

If that's •• if there's •• I don't know that there's some issue that we're looking at here other than interaction between a parent State agency and a County agency charged with very

important oversight admission. So I ••

LEG. VILORIA • FISHER:

Madam Chair, can I go back to ••

CHAIRPERSON CARPENTER:

No, there's a list, you'll have to •• if you want to go back on the list you can go.

LEG. VILORIA • FISHER:

(Inaudible).

LEG. KENNEDY:

Madam Chair, I mean, I'll yield. If I am moving into an area that for some reason is ••

LEG. VILORIA • FISHER:

Are you yielding to me, Legislator Kennedy? Because I'm following up on your question.

CHAIRPERSON CARPENTER:

If you wish to yield to Legislator Fisher, go right ahead.

LEG. KENNEDY:

Yeah, through the Chair.

LEG. VILORIA • FISHER:

Okay. Jean, what confused me earlier and I think might still be a point of confusion is that the PCR's go to Stony Brook Hospital which is not acting as the County as •• what's the name of your department?

LEG. LOSQUADRO:

EMS.

DR. ALICANDRO:

Division of Emergency Medical Services.

LEG. VILORIA • FISHER:

Okay, the Division of Medical Services, okay. So Legislator Kennedy, they go to Stony Brook Hospital and Stony Brook Hospital is not evaluating them or collecting data, they're just reviewing them and sending them to the State. They only send them to the County Division of Medical Emergency ••

LEG. BISHOP:

Services.

LEG. VILORIA • FISHER:

EMS, if there's something wrong with them, if not all of the fields have been filled out, or if the County EMS Division has asked for a certain group of them to be sent for evaluation. That's why Dr. Alicandro is saying that the County EMS is only getting maybe 50% of these papers. They're not a step between Stony Brook Hospital and the State, okay, she's just talking about the paper that they're getting, they're getting about 50%; am I representing your answer correctly?

DR. ALICANDRO:

Yes, that's the sequence. And I think •• because I think what you're asking is why do we get back from the State only 60% if they're all being collected and all being sent up there; is that correct?

LEG. BISHOP:

Right.

LEG. KENNEDY:

That's one of the questions.

DR. ALICANDRO:

Okay.

LEG. KENNEDY:

I'm trying to go ahead and look at what ••

LEG. BISHOP:

So what's the answer to that one?

LEG. KENNEDY:

•• from a systems perspective should be a closed loop, that's the part that I don't understand.

DR. ALICANDRO:

They're all being filled out ••

LEG. BISHOP:

What's the answer?

LEG. LINDSAY:

Let her answer, I want to hear the answer.

DR. ALICANDRO:

I'm trying to, okay. No, they're all being filled out and then they go to the hospitals. As you saw, this hospital has not sent them in several months, so I think there's a lag I think that perhaps they're not all getting to the State, I think that's why we're not getting them all back.

CHAIRPERSON CARPENTER:

Are you done, Legislator Kennedy?

LEG. KENNEDY:

That person brought those PCA's (sic) in a banker's box from Southampton Hospital; correct?

DR. ALICANDRO:

Yes.

LEG. KENNEDY:

Okay. Stony Brook is the one that's supposed to compile them for complete •• or review them for completeness in the first instance.

LEG. BISHOP:

Correct.

LEG. KENNEDY:

Yes?

CHAIRPERSON CARPENTER:

Yes.

LEG. BISHOP:

Why won't you let the poor woman go into executive session, she clearly has a story to tell.

CHAIRPERSON CARPENTER:

Legislator Bishop, please, don't speak out of turn. We have a list, if you want to go on the list, let me know; do you want to go on the list?

LEG. BISHOP:

I would like to make a motion at this time.

CHAIRPERSON CARPENTER:

Well ••

LEG. NOWICK:

I would like to ask a question.

MS. BIZZARRO:

I think ••

CHAIRPERSON CARPENTER:

We have Legislators who have questions to ask.

MS. BIZZARRO:

Legislator Kennedy, I think this is a better •• I just want to continue to warn you that ••

LEG. BISHOP:

This is absurd.

MS. BIZZARRO:

•• you know, that discussing the real true particulars of this would be better done in executive session.

LEG. KENNEDY:

I'll yield, Madam Chair, because obviously I'm moving in a direction that I don't understand.

CHAIRPERSON CARPENTER:

Okay. Legislator Nowick is next.

LEG. NOWICK:

I am sitting here •• this is what I don't understand and you just need to explain it to me. We're at a public meeting, we're public officials, you are public servants, the public has showed up, our public fire departments have showed up; what are we hiding? I don't understand this executive session. You're here with an attorney, I feel like I'm on the Pelosi Trial.

Applause

MS. BIZZARRO:

We're not hiding anything, Legislator Nowick. However, there's ••

LEG. NOWICK:

Well, what is this? What am I missing as a public elected official that cannot be said?

MS. BIZZARRO:

There is confidential information that may be disclosed herein and there are potential claims that may revolve around ambulance response time and I do not want to jeopardize the County and see the County embroiled in any additional litigation. So it just is a better forum to do it in executive session.

LEG. NOWICK:

But is this •• are these are all questions that are because of a litigation or can these people hear it?

MS. BIZZARRO:

The County Attorney's Office is currently aware ••

LEG. NOWICK:

Some of this seems very benign and I feel as though the good doctor is being held back and it just seems like stuff that needs to be on the record. And another question I have to ask you is Stony Brook is doing all this collating, if you will, or collecting, does the County or •• who pays Stony Brook to do this or do they do this just as a State public service?

DR. ALICANDRO:

It's a contract agency, we receive ••

LEG. NOWICK:

Who pays ••

DR. ALICANDRO:

Excuse me?

LEG. NOWICK:

Who pays the contract agency, County or State?

DR. ALICANDRO:

County.

LEG. NOWICK:

We pay them?

DR. ALICANDRO:

Right, we get funding from the State to be a program agency and we contract out that service.

LEG. NOWICK:

Is any of that money not funded by the State, does any of that money come from our budget lines or anything like that for the State University Hospital to do that?

DR. ALICANDRO:

There's a budget line for that contract, we get funding from the State for various services.

LEG. NOWICK:

So do you have any idea how much? Other than the State grants, how much •• or maybe Budget Review knows how much we pay Stony Brook from our budget, from our taxpayers that can't hear this public information ••

MR. SPERO:

I'll look it up for you, just wait a minute.

MS. BIZZARRO:

Just in answer to your question, Legislator Nowick, my concern is that if we discuss details that may relate to these potential claims or claims that the County currently has against it may jeopardize those cases. And therefore, that is why it's recommended that you do this in executive session, Dr. Alicandro can speak freely there.

LEG. NOWICK:

And is that the way our Counsel also feels?

MS. KNAPP:

As a general rule, if there are lawsuits pending against the County, we shouldn't be discussing specifics of those lawsuits; am I to assume that there are presently?

MS. BIZZARRO:

There are two claims that specifically are outstanding, we may have one or two more whereby the statute of limitations has not expired yet and some of this information may have a bearing on those lawsuits.

MS. KNAPP:

On the other hand, questions certainly about contract agencies that the County may be funding, how much that costs, what work the contract agency is doing, those are all agencies that shouldn't have any ••

MS. BIZZARRO:

That's fine.

LEG. BISHOP:

What about questions, Madam Chair, on that issue?

CHAIRPERSON CARPENTER:

Excuse me. Legislator Nowick, are you finished?

LEG. NOWICK:

I was just waiting for a number from Mr. Spero.

CHAIRPERSON CARPENTER:

Okay, in the interim •• in the intervening time, may I go on with the list?

LEG. NOWICK:

Go ahead.

CHAIRPERSON CARPENTER:

Legislator O'Leary.

LEG. O'LEARY:

Thank you, Madam Chair. Legislator Nowick touched upon •• Legislator Nowick touched upon an area that I was going to go into and that's with respect to a contract agency in Stony Brook; what is your role with Stony Brook, are you on staff there?

DR. ALICANDRO:

No.

LEG. O'LEARY:

So you're just a County employ •• not just, you're just employed by the County of Suffolk, no other entity?

DR. ALICANDRO:

Right, correct.

LEG. O'LEARY:

Okay. And if you know, is that •• that's obviously a renewable contract; do you know what year they're in, the term of the contract?

DR. ALICANDRO:

I'm not sure, there was an RFP initially, I'm not sure.

LEG. O'LEARY:

Okay. How long has Stony Brook been the entity that's been handling this particular matter?

DR. ALICANDRO:

I'm not positive but more than five years.

LEG. O'LEARY:

More than five years? And was there an RFP issued with respect to them obtaining the contract; are you aware of that?

DR. ALICANDRO:

Initially, yes, there was.

LEG. O'LEARY:

There was?

DR. ALICANDRO:

Yes.

LEG. O'LEARY:

Okay, thank you.

CHAIRPERSON CARPENTER:

Legislator Bishop, while they're getting that information for Legislator Nowick, then he's next.

LEG. BISHOP:

Fine. The agencies that operate in Suffolk County, they operate under whose medical license?

DR. ALICANDRO:

Mine.

LEG. BISHOP:

Why ••

DR. ALICANDRO:

The individuals.

LEG. BISHOP:

Right, they operate under your license. Why is it that only 60% of the PCR forms come back from New York State; is that a question that you're allowed to answer now? It's not the forms that come back, it's the data that come back, right?

DR. ALICANDRO:

Yes, they ••

LEG. BISHOP:

Do the forms actually come back? I don't know the answer.

DR. ALICANDRO:

The data comes back.

LEG. BISHOP:

The data comes back; And only 60% of the data, you estimate, comes back from what's sent up there.

DR. ALICANDRO:

In reports we've received, that is the number that we have gotten back.

LEG. BISHOP:

Right. And •• go ahead.

DR. ALICANDRO:

If they're incomplete they may be excluded from data reports as well, so it may be that some were incomplete, even though they ••

LEG. BISHOP:

Right, but they're not supposed to be incomplete because Stony Brook in the first instance is supposed to flag them if they're incomplete.

DR. ALICANDRO:

They should have been, yes.

LEG. BISHOP:

All right. But do you believe that a hundred percent of it goes up to Albany? Can't answer that one.

DR. ALICANDRO:

I can't •• I'm not sure, that's not what we get back though.

LEG. BISHOP:

Okay, so I think we're getting to a point. All right. At this time, Madam Chair, I think that Dr. Alicandro probably can tell us in less than 15 minutes all that she needs to tell us that we need to get the full picture of what's going on, and I would make a motion for executive session.

CHAIRPERSON CARPENTER:

Well, Mr. Spero has some information for Legislator Nowick, so before I'll entertain that motion, Jim, if you would.

MR. SPERO:

The County contract with University Hospital for the dispatching and the EMS function is \$418,000 annually.

LEG. NOWICK:

So we pay them \$418,000 of County tax money ••

LEG. O'LEARY:

To pass forms on to the State.

LEG. NOWICK:

•• to pass the forms on to the State and the State probably pays to collate them yet again; okay, this is an eye opener.

DR. ALICANDRO:

Can I just say, that's not just for screening PCR's, that's for medical control. When advanced life support interventions are done in the field, they have medical control paramedics and physicians on•line with the technician in the field giving medical orders for each patient; last year that was in excess of 18,00 calls that happened around the clock daily. And they also collate our cardiac arrest data for us because they get input from police, you know, all the different levels of response so that we can try to address that as well.

LEG. NOWICK:

I have to tell you, I'm not an attorney, boy, but \$418,000 a year of their money, they should be able to hear what we all have to say, but I know we have certain rules and regulations.

MS. BIZZARRO:

Well, I'm here protecting the County, I'm protecting your interests, you know.

LEG. BISHOP:

Well, anyway, so I made a motion, I don't know if I have a second or not.

LEG. LINDSAY:

You've got a second.

CHAIRPERSON CARPENTER:

Okay. And what is your motion?

LEG. BISHOP:

My motion •• and it's made reluctantly because I disagree with the policy, I think that we should be allowed to ask questions about the system because the whole point of the data is to

get a full picture of the system and I don't know why discussing the facts of the system on lawsuits that are potential is appropriate for executive session, I disagree with that. But since that's ••

CHAIRPERSON CARPENTER:

Well, I agree with you.

LEG. BISHOP:

•• the constraint that the attorney has placed on Dr. Alicandro, I know that weighing the two of hearing or not hearing, I definitely feel that I need to hear and you need to hear the full story. So I would go into •• make a motion to go into executive session.

CHAIRPERSON CARPENTER:

All right, we have a motion and a second. All in favor? Opposed? I'm opposed, I just feel that this discussion needs to be had in public session. Let's have a roll call, I think that's easier.

(*Roll Called by Ms. Sullivan • Chief Deputy Clerk*)

LEG. BISHOP:

Yes.

LEG. LINDSAY:

Yes.

CHAIRPERSON CARPENTER:

No.

LEG. O'LEARY:

Pass.

LEG. NOWICK:

No.

LEG. KENNEDY:

I'll pass.

LEG. LOSQUADRO:

Yes.

MS. SULLIVAN:

Legislator Nowick?

LEG. BISHOP:

It's O'Leary and Kennedy who haven't cast.

MS. SULLIVAN:

Oh, I'm sorry.

(* Roll Call Continued by Ms. Sullivan • Chief Deputy Clerk *)

LEG. O'LEARY:

Yes.

LEG. KENNEDY:

Yeah.

MS. SULLIVAN:

5•2 (Opposed: Legislators Carpenter & Nowick).

CHAIRPERSON CARPENTER:

Okay, we will go into executive session. And Counsel, I would ask to have the FRES Commissioner and the Deputy FRES Commissioner sit in on these executive sessions since they interact with all of these agencies. I'd also ask Budget Review, Jim Spero, to sit in, all Legislators and Aides must leave •• Legislators will stay here, aides must leave. No, you're not moving anywhere.

LEG. BISHOP:

15 minutes, right?

CHAIRPERSON CARPENTER:

Yes and we will have an executive session for 15 •• actually ten minutes, I think we can get our questions answered in ten minutes because the mikes will be off and we'll be more succinct. So we will resume in ten minutes.

(*Executive Session: 2:28 P.M. • 3:04 P.M.*)

CHAIRPERSON CARPENTER:

Okay, I think I lost some Legislators. Okay, we have three bills left on the agenda to address and •• okay, everyone is back, great.

IR 1582•04 • Streamline Emergency Medical Services (EMS) coordination and improve response time (Bishop). We have heard much discussion, we were in executive session. I know that Commissioner Fischler wanted to address the resolution, so if you would, please come forward.

COMMISSIONER FISCHLER:

Thank you. One of my most major concerns on this resolution is the punitive effect it has. There's a RESOLVED clause there that does not provide •• if this resolution passes, it states that no agency that does not comply, an agency that does not comply with this resolution will not be eligible for any funding from any County source; therefore, I think that's unfair to those agencies. Are we going to stop through your member items, which have been more than generous, or any other monies that may come down from Homeland Security that can be directed to these local agencies, are we going to stop fire prevention, additional purchases of AED's, a person's purchase of safety equipment for our fire and EMS people, and I think that's inappropriate. That's in total opposition and while your bill is •• the proponent of the bill says we're trying to create better systems, by having that RESOLVED clause in there you're actually doing the reverse, you're creating a problem, you're taking items away from our local fire and EMS agencies that can help benefit their firefighters, the EMS personnel and the people in their areas. So I oppose it for that key reason.

LEG. BISHOP:

I have a question.

CHAIRPERSON CARPENTER:

Legislator Bishop.

LEG. BISHOP:

On the current arrangements between the County and the agencies where we provide liability insurance, are you familiar with those?

COMMISSIONER FISCHLER:

That goes between the Health Department and the agencies and the County Attorney, so I'm not familiar with the contract.

LEG. BISHOP:

You're an attorney so I'll just ask you as a "would you be surprised"; would you be surprised to learn that there's already a clause in all of those contracts that requires these individual departments to transmit the data to their dispatching agency?

COMMISSIONER FISCHLER:

I wouldn't be surprised to find any clause in any contract, speaking as an attorney.

LEG. BISHOP:

So clearly it's not ••

COMMISSIONER FISCHLER:

But I can't say if that clause exists in this current contract.

LEG. BISHOP:

All right, I'll •• well, actually I haven't seen it either, I've been informed that it does exist and since I believe that it does exist and it's clearly not adhered to, it would point to the need to have some sort of provision that punishes those that do not comply. We have already tried it through just carrots so, I mean, it seems to me that if carrots aren't working you need a carrot and a stick.

COMMISSIONER FISCHLER:

Well, I don't believe in carrots and I don't believe proper outreach has occurred for that.

LEG. BISHOP:

Well, I have it; by the way, I have it.

COMMISSIONER FISCHLER:

Thank you.

CHAIRPERSON CARPENTER:

Okay. I know that there's been much discussion and debate and testimony on this bill, a lot of concern on the part of the volunteers out there. One of the most compelling •• some of the most compelling testimony that I heard was someone who spoke to the issue of involving the stakeholders. And I know I've heard from my departments and they are concerned about this, the punitive aspect of it is a concern. And I don't see Dr. Alicandro and I really would hope that •• I mentioned to her earlier and I would hope that she would take it to heart to try to be there at the FRES Commission meetings where all of these people are because I do think that that kind of gesture will be well received and perhaps some of the issues that people are concerned about can be worked through with all involved in the process. Is there a motion on this?

LEG. BISHOP:

I will make a motion to approve.

CHAIRPERSON CARPENTER:

Motion to approve by Legislator Bishop. Is there a second?

LEG. LINDSAY:

Second.

CHAIRPERSON CARPENTER:

Second by Legislator Lindsay.

LEG. O'LEARY:

Motion to table.

LEG. NOWICK:

Second.

CHAIRPERSON CARPENTER:

Motion to table by Legislator O'Leary.

LEG. BISHOP:

On the motion.

CHAIRPERSON CARPENTER:

Second by Legislator Nowick. On the motion to table, Legislator Bishop.

LEG. BISHOP:

First of all, I would ask that the tabling be withdrawn and that this bill be voted up or down. I don't think that there's anything going to be gained by tabling it except perhaps providing some false buffer for Legislators for not being accountable for their votes. And I think that if you want to vote against it, please vote against and state why you believe it's flawed; if you want to support it then please support it. And Madam Chair, I'm going to make a brief presentation if I may on some of the issues.

CHAIRPERSON CARPENTER:

In the meantime, I just want to ask Counsel, it was brought to my attention that this bill bumps up against the six month rule, so technically can we vote on it?

MS. KNAPP:

The rules are actually in my mind very clear. However, I've been advised that in the past they have been interpreted differently than the way I read them. And by that I mean the rules say that legislation is stricken six months after it's laid on the table; however, I'm told in the past that that language has been read to mean that it is stricken after the next General Meeting.

LEG. LOSQUADRO:

Does it say that anywhere?

MS. KNAPP:

It does not say that anywhere. However, apparently either former Legislative Counsel opined that that's what it meant or it was a reading that was given to it by the Clerk's Office. It's a discussion that I've been having with the Clerk's Office for the last four or five months. My opinion is that it should be stricken six months after it's laid on the table, but on the other hand that rule has not been applied this year. I'm going to make •• I'm going to recommend that the rules be clarified so that it's absolutely clear that whatever the intent of the Legislature is is expressed in the rules properly. But no, my legal opinion is it should die at six months; however, I would be remiss if I said that that's the way we applied it this year.

CHAIRPERSON CARPENTER:

Okay, thank you very much. Legislator Bishop.

LEG. BISHOP:

Thank you. I believe •• I would urge my •• again, I would urge you to withdraw the tabling and I'd like to speak to the bill itself, but I will •• it's still ••

CHAIRPERSON CARPENTER:

The table motion is still alive but, by all means, speak to the bill.

LEG. BISHOP:

I appreciate that, thank you. Any discussion of the •• is it on? Any discussion of the volunteer services appropriately begins by thanking the volunteers, and I know that these volunteers are better people than myself who give up their time all the time and truly want a better system. They're also faced with a challenge, as has been pointed out by some of the opponents of this bill, this County is changing and they're up against it in the sense that we are becoming increasingly gray, we are becoming increasingly populated and we are facing diminishing volunteers; that's a very tough situation. And of course when you have a situation like that, there will be holes in the system and there are holes in the system, but there is nothing right now that pulls the information together comprehensively from a patient's perspective and understands where those holes are. You cannot manage a system if you don't measure it, you cannot improve it if you don't understand it. This bill seeks to gain a better understanding of the system by comprehensively collecting the data on every call in Suffolk County.

The information, by and large, rests with the dispatching agencies, it is not with the ambulance. So when there is extensive discussion on PCR forms, I believe that that is

misplaced, Dr. Alicandro believes that that is misplaced. Because a PCR form, a hundred percent compliant, a hundred percent filled out, a hundred percent running through the system, which doesn't occur, but even at a hundred percent is only going to tell you a portion of the situation. And the situation that it's going to leave out are the most critical ones that we face, those where the initial call is made from the patient and the agency that has it cannot get out to respond to it; that is not picked up in the PCR form, that bounce, that bounce to a secondary agency is not in the PCR form.

We also have learned that the PCR forms come back as data from New York State three years later. So if you're trying to adjust to a changing world and you want to see what works and what doesn't, then you need to have the data comprehensively and quickly, and that's what this bill will also grant us.

Now, last time there was a lot of discussion, a lot of discussion that this was a great burden on the volunteer community and I think I can show you that it's not. The Prehospital Care Report collects a lot of this information already. You see on the charts that you have in paper form in front of you that there's a hole host of data that it does not collect and I spoke to that earlier about how it's only about two-thirds of the picture. If your agency is dispatched by MedCom, within FRES, that would be many of those in Islip, many of those in Brookhaven that do not have their own dispatch •• in other words, the call comes into Yaphank and is dispatched from Yaphank •• then all of this data is already collected by Suffolk County. And it's only these three questions that are currently not asked that are not collected, and the mandate would be to ask these three questions, two of which are questions that the volunteer community wants to have asked which is when was the first responder on the scene, because often it's a fire chief, a police officer, it's somebody there who is not the ambulance and they want that data collected, so two of the three questions they want and the third question is is it an advanced life support situation; already collected. So what's the burden on the member agency? All they would have to do is authorize FRES to release the data.

Smithtown; Smithtown is a PSAP. You have a 911 call in Smithtown, in almost every area •• I think we learned that Nesconset is one exception •• but almost every other area of Smithtown if goes to a PSAP •• Nissequoque, I'm sorry, was the exception •• it goes to a PSAP in the Town of Smithtown and they dispatch it. Well, look it here, a hundred percent of the information is collected already by Smithtown, so all that has to happen is the agency in Smithtown has to say to its PSAP, "Release the data to the County," and there would be a comprehensive picture of

everything that's dispatched by the PSAP in the Town of Smithtown.

Holbrook Fire Department is in-house dispatch. All right, this is a department where they have a volunteer in the house I guess 24 hours a day that does their own dispatch, the call would come into FRES, it would bounce to Holbrook; Holbrook already collects everything except what time the first call comes in, that's the only mandate that would be placed on the Holbrook Fire Department, that's an example of an in-house dispatcher. Many in-house dispatchers unfortunately are not as thorough as Holbrook and there would be a mandate upon them.

Amityville is another example; they are a small PSAP, but they have their own PSAP. They would have three questions that they would have to answer and, again, it's the two questions that the volunteer community wants asked and answered which is when is the first responder on the scene.

Babylon Central, that's mine, they are a PSAP as well. One question which is EMD determinant codes which they can submit in plain language, they objected to the language that was proposed by REMSCo, they can use the language that they already use and they have a complete picture, no mandate on them. That's why the Babylon Chiefs support the legislation, because they took the time to study it, understand it and realized they already collect all this data, it's simply providing the information to Suffolk County so that there's accountability and so that we know where the holes in the system are so that they can improve and get better.

Everybody that's come to oppose the bill agrees, data is important, we need the data. From the last Public Safety Committee, this is Huntington Community First Aid; "Would it help you to know this data, would that help you manage your department? In a word, yes." Here's another opponent, "Do you think that the data will help New York State Volunteer Ambulance and Rescue Association, District 7. Yes, the data would help."

So what are we talking about? I think we're talking about a lot of excuses, frankly, and I •• it pains me because I know what the implications are. Huntington Community First Aid says, "We're overburdened, we got forty-six hundred calls a year. There are 365 days in a year, that comes out to, what, 13, 14 calls a day on average, some days many more, some days many less. We've all been •• I assume we've all gone to a dispatching center, there's down time; all that would be required of them is to submit the data that they already have, that they're

already collecting, and if they're not collecting it, use that downtime to obtain the data.

I think that Councilwoman Mansir who was very sincere and very forthright really captures what the problem is here; there's a fear on the part of the volunteer community that this data is somehow going to put them out of business. She says, "Because if you get the data, you're going to do something with it, that's our concern; what's the next step?" Well, let me tell you sincerely and honestly, the next step is to identify where the problems are and to demand that the volunteers themselves solve the problem. If you can't measure you can't manage, you have to know where the problems are. And we need a comprehensive perspective, one that seeks to capture the entire system from the moment that the patient calls in, not from the moment that the ambulance is dispatched that the PCR form is incomplete but from the moment that the crisis begins and to its culmination, that's what this bill would capture. It's not a big mandate on anybody and ultimately it will have a great impact on the services of this County.

I know that this bill puts you in a bad spot; it's difficult to vote against the already organized and powerful, it's not easy. But there's going to be a far worse moment in your career, and some of us have had it, and that's when a constituent calls and said, "I had to wait 35 minutes and my husband died of a heart attack"; is that going to be a better moment? Do the right thing here. Let's change this system. You've heard about how piecemeal and how uncomprehensive and how disorganized the data collection is. We need to do better, we have an obligation to do better, there are lives on the line.

CHAIRPERSON CARPENTER:

Thank you, Legislator Bishop. And I know that you've put an awful lot of time into this and this is an issue that you're very concerned about and need to be applauded for tackling it. My comments to you, and on the record, are going to be that for me this is not a difficult vote because I don't think this bill answers what you're trying to do.

I don't think we can hold a gun to the heads of the volunteers. I think, as I've stated before, we need to involve them in the process of trying to make things better if, in fact, they need to be made better. I think we need to focus on the point that 96% of the time they have been successful and are doing the right thing. And the one thing that you've just stated, and we can take the record, the minutes of this meeting, and you said on the record, "We must demand that they do it;" you cannot demand that the volunteers do it, you need to work with them.

Legislator O'Leary.

LEG. O'LEARY:

Yeah, I •• I want to speak to the actual volunteer service here in the County and my concerns with respect to this particular resolution is three•fold. But before I get to that, the quotes that you illustrated there, Legislator Bishop, you know, I'm not intimating that they were taken out of context but we see them for what they are, they were actual words that were expressed by various witnesses that have come before us. But not five, ten minutes ago, you stated to those assembled here today that this problem is probably better addressed if the volunteer themselves solve the problem; when you said that I made note of that and wrote it down; it's a quote of yours, the volunteer themselves should solve the problem. And with that said, I'd like to get into the substance of your proposal, your resolution and the concerns that I have.

The first concern is that this includes a punitive measure for failing to comply, that's a concern of mine; I don't think there should be a punitive measure addressed in this particular endeavor of yours. Secondly, clearly, in my mind, this, if passed, would increase the liability to the County which should be a concern of ours which I'm not going to go into detail with, but certainly as you well know will be an issue to be addressed in the future if, in fact, this resolution was passed. And thirdly, legislating mandates upon a voluntary service that is better addressed by internal policy changes I think is the better way to go. And the testimony given here today and in the past clearly states that there are problems, and I'm not saying that there aren't problems, there's failure to comply in certain areas in certain units throughout the County, but that is something that must be addressed by the individual units. In effect, it's clear to us that if these policy changes are addressed by the individual units themselves and adhered to, there will be no need for us to seek legislation mandating it. So it's something I think that should be addressed by the volunteer service ambulance companies of this County as well as the dispatching system that provides the service for dispatching those particular units.

Those are my concerns. Those are my concerns that are stated for the record after hearing numerous testimony and statements from the people who provide the service. And for that, I stand by my motion to table and will ask my colleagues to go along with that tabling motion. If the sponsor of the resolution wants this particular resolution moved today either up or down, I would ask that he request us to do so, but I would caution him that if he does so he runs the risk of this matter being defeated and put to rest once and for all.

LEG. LINDSAY:

Madam Chair?

CHAIRPERSON CARPENTER:

Yes, Legislator Lindsay.

LEG. LINDSAY:

A tabling motion is tantamount to defeating it because you're at the six month mark now; so let's not make any illusions, if you table it you're voting against this measure.

This resolution doesn't solve the problem of response time, it tries to identify if there is a problem. We don't know the extent of the problem or if there is a problem. The number of 96% has been bantered around here today; how do you know it's 96% if you don't have the data? We just don't. Legislator O'Leary talked about punitive measures and liability and they're both kind of tied together because whether we like it or not, the biggest support that the County gives to the ambulance service in the County is the liability insurance which means that if somebody doesn't do the right thing out there it's, in effect, they're suing the County.

Commissioner Fischler talked about the punitiveness of other, you know, member grants or whatever; they're really insignificant. I mean, the ambulance service, the fire service are separate taxing agencies through the towns. Our biggest input into the system is the insurance, and yeah, we have an obligation to make sure that we're doing everything we can that we don't get sued. And for those reasons, that's why I'm supporting this resolution and I urge it to be voted up or down instead of table because tabling is the same thing as defeating it.

CHAIRPERSON CARPENTER:

Thank you. Legislator Nowick.

LEG. NOWICK:

My concern here is with the liability. However, I have a very, very large concern, I'm very bothered by the fact that there could be response times that that are entirely too long.

I don't want this bill to go away because I think there's so much credibility here, I think there's

so much we can do. I'm still bothered by the liability of the County and I think that certainly with all these attorneys today that were putting us in executive session, we can come up with something to circumvent that. I don't want it to go away, I know Legislator Bishop wants it up or down today. I believe, and I might be wrong, is there a way if we were to table it and to look into this liability, could we table it to the next •• isn't there a way that we do it to the next meeting so it doesn't go away.

LEG. BISHOP:

I'll just refile it.

LEG. O'LEARY:

He'll just refile it.

LEG. NOWICK:

I'm not ready to see this go away entirely because it's my belief that ••

LEG. LINDSAY:

If you table it it's dead, he has to refile it.

LEG. NOWICK:

What is •• refiling it is not a production, though, right, you just ••

LEG. BISHOP:

No, it will be next year.

LEG. NOWICK:

I mean, it's the next meeting, we can still do it the next meeting, it's just like tabling. I mean, the bottom line is it comes up again next time, it's not a Local Law, it's not a hearing.

CHAIRPERSON CARPENTER:

Right.

LEG. NOWICK:

It's not •• But my point is I don't think we could just let this go, I think we have to continue to look into this and find the best way to go about collecting the data without hurting the County,

putting the County in jeopardy, but most importantly worrying about that response time which I am very bothered with. And I have learned through all this testimony and I do commend Legislator Bishop for bringing this up. As I said, I'm not ready for this to go away, but there is a concern with liability.

CHAIRPERSON CARPENTER:

Legislator Losquadro.

LEG. LOSQUADRO:

Not to rehash some of the points that have already been made, but just one in particular that I brought up earlier that was •• it happened to be in executive session but it was nothing that could not be said in a public forum that Legislator O'Leary already brought up, it was about using policies and to not use these type of punitive measures. That this data can be collected through other means, through policies that we can put in place and I believe it would serve the process much better and ultimately wind up with the exact same goal of having the data at our disposal. As Legislator Lindsay pointed out, find out if there even is a problem and then work with those agencies that provide these services to see how, if at all, these services can be improved.

So I think there are other ways to go out about this. I do applaud Legislator Bishop for bringing this to the forefront and generating this debate, but I do not feel that this is the right way to go about it, I think there are other avenues that we can use to collect this information without legislating it in this way. So thank you.

CHAIRPERSON CARPENTER:

Legislator Kennedy.

LEG. KENNEDY:

I'm going to echo the comments of my colleagues, the response time issue is something that is concerning and troubling to me as well. I have more questions that have been raised for me today, though, than have been answered and, in fact, I would like to be able to go ahead and have the opportunity to engage in a little bit more dialogue to get some better understanding. Certainly I think that •• I come from a systems background and I think we're looking at something that's crying out for reform.

LEG. LOSQUADRO:

Absolutely.

LEG. KENNEDY:

I'm just not convinced that this bill takes us to the place that we ultimately need to be.

CHAIRPERSON CARPENTER:

Thank you.

LEG. BISHOP:

If I ••

CHAIRPERSON CARPENTER:

We have a motion •• I'm sorry.

LEG. BISHOP:

I just want to ••

CHAIRPERSON CARPENTER:

Legislator Bishop.

LEG. BISHOP:

Well, first I want to thank my colleagues for the kind words, I appreciate it.

Data is not dangerous, data is not dangerous, it's not the problem. And when you •• today's argument, last time the argument was it's a mandate, today's argument seems to be well, if we know the information somehow we're going to be more at risk as a County; I just •• it's not logical. Not only is it not logical, it's not the law because the law is going to say to you you're liable if you have a system that's failing or should know that it's failing, it's not going to let you off the hook for burying your head in the sand. But what's going to happen is more people are going to suffer, lives are going to be unalterably changed, people may even die. So what you need •• I'll refile the bill because, look, it may be a lost cause politically but I'm not going to stop because it's too important. And I would hope that the Legislators from Smithtown, I know

that there's an opportunity there because I heard the Smithtown Chief's letter and it was just so far away from the issue that we're discussing that I know that if you meet with those departments and discuss what we're really talking about and what we're really trying to accomplish, that I believe that their perspective and your perspective may change. Because there's no burden on them, they collect the information, we just got to get it to the people that can analyze it and point out where the problems are so that we can make the system better, that's ultimately what this is all about is understanding what's occurring.

CHAIRPERSON CARPENTER:

Okay. Legislator Nowick.

LEG. NOWICK:

Just a quick response to you, Legislator Bishop. I have already made plans or in the process of meeting with my departments. I do agree with you, there's a lot to discuss, just a little more time.

CHAIRPERSON CARPENTER:

Legislator Kennedy.

LEG. KENNEDY:

And I, as my colleague, have had the opportunity to go ahead and meet with the Chiefs and there are some other people that I need to go ahead and talk with as well. But I'll go back to my comments that I raised before as far as having more questions raised today than questions answered and so I feel that I have a need to go ahead and engage in some more dialogue with the Health Department to understand that connection there, certainly between FRES and EMS and Dr. Alicandro.

CHAIRPERSON CARPENTER:

Okay, thank you. We have a motion and a second to table. All those in favor? Opposed?

LEG. LINDSAY:

Opposed.

LEG. BISHOP:

Opposed.

CHAIRPERSON CARPENTER:

Two opposed, ***the motion is tabled (VOTE: 5•2•0•0 Opposed: Legislators Lindsay & Bishop).***

2059•04 • To prevent misuse of Volunteer Ambulance Service in Suffolk County (Bishop). Legislator Bishop?

LEG. BISHOP:

Motion to approve.

CHAIRPERSON CARPENTER:

Could you just give us an explanation on what this does, Counsel?

MS. KNAPP:

Basically this resolution would impose a fee when the ambulance service is used for non •emergency transportation.

LEG. BISHOP:

Voluntary.

MS. KNAPP:

Voluntary ambulance, right. But at this point in time, as you know, there are ambulance services that are available for hire and on occasion it appears that some facilities will call the volunteer ambulance service rather than a paid ambulance service and they'll use them to transport a patient who is not suffering any kind of immediate illness but to go from one medical facility or another; under those circumstances the fee would be imposed.

CHAIRPERSON CARPENTER:

Thank you. All right, we have a motion. Is there a second?

MS. CAPUTI:

May I be heard on this, Madam Chair?

CHAIRPERSON CARPENTER:

There's a motion •• excuse me. Come up, you wish to address the committee on this?

MS. CAPUTI:

Jacqueline Caputi.

CHAIRPERSON CARPENTER:

For those of you who are here, while you're taking the microphone, those of you who are here for Public Works, the Chairman just reminded me that the Public Works Committee is supposed to start at three, we've been here since noon, but this has been an important issue and discussion so please bear with us and we'll hopefully be through this agenda quickly. Go right ahead, identify yourself.

MS. CAPUTI:

Jacqueline Caputi from the County Attorney's office. We wanted to request that this bill be tabled. We haven't been able to locate any legal authority for the Commissioner of Health of the County to impose a fee, we haven't found a sufficient nexus, since the County doesn't directly contract for ambulance services, to give them authority to impose a fee. So I'd like to have a chance to speak with Legislative Counsel and Legislator Bishop, see if they have any legal resource that we could compare to ours and work something out.

CHAIRPERSON CARPENTER:

Okay. May I ask, this was on the agenda and •• I'll agree to the tabling motion, but this has been on the agenda, this was tabled one cycle before.

MS. CAPUTI:

Yes.

CHAIRPERSON CARPENTER:

Did you contact the sponsor of the legislation that you had these concerns.

MS. CAPUTI:

I spoke to Legislator Bishop very briefly at the last meeting but I didn't have a chance to speak to him again since then.

LEG. BISHOP:

That's true. This is a fee that's going to be imposed on medical providers that abuse the volunteer system, it comes out of meetings that I've had over the course of the year with the volunteers throughout the County who, it was referred to earlier, feel that often the system is abused. And one discrete area of abuse is that medical providers, medical transfers will use the County's volunteer system as a freebie, the volunteer system as a freebie rather than paying their proprietary service that they're authorized to use. So we're trying to simply attach the appropriate fee because it does create a burden on the entire system. I see the nexus because there's clearly, if they're using the volunteer system then they're straining our resources, and so I don't know •• I'm not going to be able to find a statute that says go do this, it's based on logic.

CHAIRPERSON CARPENTER:

Okay.

LEG. BISHOP:

If you want to table it you can one more cycle.

CHAIRPERSON CARPENTER:

All right, we will table it one more cycle. I'll make that motion, second by Legislator Bishop. All those in favor? Opposed?

The Resolution is tabled (VOTE: 7•0•0•0).

And Ms. Caputi, please, if you could work with Legislator Bishop.

MS. CAPUTI:

I will. Thank you.

CHAIRPERSON CARPENTER:

Thank you.

IR 2115•04 • Amending the 2004 Capital Budget and Program to establish an

Affordable County Jail Cost Containment Policy (Replacement of Jail Facility at Yaphank CP 3008). We did receive correspondence from the Chief Deputy County Executive asking that we move forward with this, that it would level the size of the Capital Program over the next three years and ensure that the County meets the COC, Commission of Corrections, deadline of putting a shovel in the ground for the construction of the correctional facility by 2006.

I know that there have been some concerns expressed about the offsets and I don't want anyone thinking that if this is tabled that the COC should in any way think that we are not serious about moving forward with this, we've got the committee overseeing the jail construction that's meeting on a regular basis with the Sheriff's people and Legislators and budget people and everyone else, the architects, I mean, this is really a very active exercise that's going on, but I don't think at this time this resolution is going to be acted on. But Carmine, did you have something you wanted to say.

MR. CHIUSANO:

No, I just wanted to comment. My name is Carmine Chiusano, I'm from the County Exec's Budget Office. The resolution simply secures the appropriations for the project going forward. This year there were a number of offsets for various projects that were not moving forward, there were approximately \$22 million in available offsets on projects that were not going to be appropriated this year and we feel that it would be in the best interest of the County to secure this funding, the appropriations and the funding for the project within the County jail project.

CHAIRPERSON CARPENTER:

Okay, thank you, Carmine. Legislator Lindsay.

LEG. LINDSAY:

The Problem that I have with this resolution is it's earlier in the year we want to reappropriate money for a dredging project from another project and I believe the County Executive's Office, along with Bond Counsel, said that this wasn't legal; aren't you's doing the same thing?

MR. CHIUSANO:

No.

LEG. LINDSAY:

Explain the difference.

MR. CHIUSANO:

In that case, you were moving the money from one bonded project to another bonded project, so what you were doing technically was you ••

LEG. LINDSAY:

What are you using for offsets here?

MR. CHIUSANO:

Well, there's numerous offsets.

LEG. LINDSAY:

I know, but are they bonded projects?

MR. CHIUSANO:

The offsets?

LEG. LINDSAY:

Yeah.

MR. CHIUSANO:

A number of them were aided projects, but that's a different issue, these are just offsets that are projects that are not moving forward. If you want, I'll ••

LEG. LINDSAY:

With the exception of that ruling earlier in the year I didn't have a problem with this but, I mean, it can't be both ways and that seems to be what you's are doing.

MR. CHIUSANO:

No. Again, you have to remember, what was happening in that dredging project was you had a project that was appropriated, and I believe it was dredging of Moriches Inlet or the beach replenishment at Smith's Point. Technically what happened was that there's an appropriating resolution that appropriated that fund and a bonding resolution, what you were trying to do in

that was actually move the appropriations from the prior year out of a prior appropriated bonded project which was already bonded, so you're really closing that bond on that project which no longer exists and trying to create using those appropriations and new bonded project. The difference here is that you have a capital project using offsets that have not been appropriated, appropriating it within a bond to secure the funding for the jail project. Now you're going forward, if you need to amend that it's within a bond, the bond is not changing, it's forth one project, the jail project.

LEG. LINDSAY:

Could I ask Budget Review to comment on this?

CHAIRPERSON CARPENTER:

Sure. Jim, if you would, please.

MR. SPERO:

Just a couple of points. We're going to be appropriating another 22 and a half million dollars for planning for this project, not the construction of the project. Construction can't move forward because apparently the SEQRA process is not completed, the project is still in the planning phase. So number one, it seems that we're appropriating much more planning money than will be needed for this project.

CHAIRPERSON CARPENTER:

Uh•huh.

MR. SPERO:

Secondly, it appears that the County Executive would like to get the appropriation in the can, so to speak, so that appropriation can be transferred and used for constructions perhaps later next year. Now, that's transferring money from one bonded project to another bonded project because each phase is a discrete appropriation with its own bonding resolution. So based on the State law that in the memo that was distributed concerning the transfer of funds, that would seem to be inappropriate.

CHAIRPERSON CARPENTER:

Thank you very much, Jim.

MR. CHIUSANO:

Can I ••

CHAIRPERSON CARPENTER:

Legislator Lindsay, does that answer your question.

LEG. LINDSAY:

I don't understand it yet.

CHAIRPERSON CARPENTER:

No, it sounds like we should table it. But in any event, Legislator O'Leary.

MR. CHIUSANO:

Can I just comment?

CHAIRPERSON CARPENTER:

If you must; we do have another committee that's 45 minutes late, but go ahead.

MR. CHIUSANO:

Okay. I just want to make the point, though, that if it's appropriated, and we did get the opinion of Bond Counsel, if it is appropriated in this project, Capital Project 3008, it is feasible that the money, if appropriated in planning, could be amended and the bond could be amended to move the funds within the appropriation and it would not effect the bond. It would be amended in the bond but the bond is not lapsing, the bond is for the jail project, whether it includes planning or construction. So there is only one bond which would be amended, it would •• initially it's for planning but later down the road it would be for planning and construction. And basically what the resolution does for you is it secures the appropriations and the funding within that Capital Project.

CHAIRPERSON CARPENTER:

Okay. Good try, Carmine.

LEG. O'LEARY:

I was just going to say that. My concerns have been asked and answered and I'm going to rely on the ••

CHAIRPERSON CARPENTER:

Okay. So we have a motion and a table •• motion and a second to table. All those in favor? Opposed? ***The resolution is tabled (VOTE: 7•0•0•0).***

Before everyone leaves and we start Public Works, Commissioner Fischler asked for a moment to address the committee. Dave?

LEG. O'LEARY:

Oh, Dave.

COMMISSIONER FISCHLER:

Thank you for the opportunity. In 1977 I attended my first Public Safety Committee meeting. I'll be speaking to you not only as the current Public Safety Committee but as representatives of all of the former colleagues of yours who were on Public Safety; I'll be retiring effective January 7th. And during this past run over the last 28 years, I appreciate the work of the Public Safety Committee, supplying the tools to the Fire EMS service and to myself throughout my career with the County to give us the resources and the ability to perform the best job possible. Therefore, when we had those major incidents, the wildfires, the TWA crash, the response of 9/11 as well as the normal fire and EMS incidents within our community, the efforts that you have put forward to make sure that our fire and EMS services were properly trained, supported by the County and giving our department, the former Department of Fire Safety, now the Department of Fire, Rescue & Emergency Services, the ability to meet their needs, I appreciate it. I appreciate having this Legislature confirming its Commissioner ten years ago and I appreciate it and it was an honor to serve with each and every one of you as Commissioner and to work with you. I ask you as a challenge for the future to continue that support to the fire EMS community. Thank you for all your support.

Applause

CHAIRPERSON CARPENTER:

Dave, thank you very much. And I for one would just like to say for all of those thank•yous

that you give the committee for giving the various entities the resources that they need, it was due to your efforts. You made sure that we had the information, you made sure that you advocated and always in a very, very professional manner. You have raised emergency management to a higher level than ever was before, your tenure, you've had a long distinguished career with Suffolk County and really very, very much of which you should be proud.

COMMISSIONER FISCHLER:

Thank you.

CHAIRPERSON CARPENTER:

And Without further ado, we are adjourned. Thank you.

(*The meeting was adjourned at 3:48 P.M.*)

***Legislator Angie Carpenter, Chairperson
Public Safety & Public Information Committee***

_ _ • ***Denotes Spelled Phonetically***